

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000013544

Entity Name: SPECIAL ACQUISITIONS III, INC.**Current Principal Place of Business:**6435 NAPLES BLVD
NAPLES, FL 34109**Current Mailing Address:**165 MADISON AVE
FLOOR 8
MEMPHIS, TN 38103-2723 US**FEI Number:** 30-0533204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BARRIER, JOEL
Address	333 FAYETTEVILLE ST. 300
City-State-Zip:	RALEIGH NC 27601

Title	SECRETARY
Name	HERNANDEZ, SHANNON
Address	165 MADISON AVE FLOOR 8
City-State-Zip:	MEMPHIS TN 38103-2723

Title	ASSISTANT SECRETARY
Name	DELLINGER, KIM R
Address	4725 PIEDMONT ROW DRIVE, STE. 110
City-State-Zip:	CHARLOTTE NC 28210

Title	VP
Name	PARRELA, FRANK
Address	6435 NAPLES BLVD
City-State-Zip:	NAPLES FL 34109

Title	TAX OFFICER
Name	LANSKY, GREG
Address	165 MADISON AVE FL 8
City-State-Zip:	MEMPHIS TN 38103-2744

Title	TAX OFFICER
Name	HARRIS, JUSTIN
Address	165 MADISON AVE FLOOR 8
City-State-Zip:	MEMPHIS TN 38103-2723

Title	TREASURER
Name	SMITH, DANE
Address	165 MADISON AVE FLOOR 8
City-State-Zip:	MEMPHIS TN 38103-2723

Title	DIRECTOR
Name	POPWELL, DAVID
Address	165 MADISON AVE FLOOR 8
City-State-Zip:	MEMPHIS TN 38103-2723

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM DELLINGER**ASST. SEC.****04/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date