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Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 289775 (9)  
1. Corporation Name  
SPECIAL SERVICES CORPORATION



Principal Place of Business: 3671 N. W. 37 ST. GAINESVILLE FL 32605  
Mailing Address: 3671 N. W. 37 ST. GAINESVILLE FL 32605-2048

3. Date Incorporated or Qualified: 02/11/1965  
3a. Date of Last Report: 08/15/1996  
4. FEI Number: 59-1164446  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 5447 CABERN CT. 26 5447 CABERN CT.  
Suite, Apt. #, etc.  
22 FT. MYERS, FL. 27 FT. MYERS, FL  
City & State  
23 33919-2707 USA 28 33919-2707 USA  
Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
HASWELL, LESLIE S.  
3671 N.W. 37 ST.  
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent  
81 Name: MARY K. MURPHY  
82 Street Address (P.O. Box Number is Not Acceptable): 5447 CABERN CT.  
83 FT. MYERS  
84 City  
85 Zip Code: FL 33919-2707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MARY K. MURPHY TS Mary K. Murphy DATE: 1/21/97  
Signature, typed or printed name of registered agent and title if applicable. (when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DAVID	
STREET ADDRESS	58539 OX BOW DR.	
CITY - ST - ZIP	ELKHART IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ALAN	
STREET ADDRESS	5701 CINNAMON TREE CT	
CITY - ST - ZIP	OAKVILLE MO	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HASWELL, LESLIE S.	
STREET ADDRESS	3671 NW 37 ST	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY K. MURPHY	
1.3 STREET ADDRESS	5447 CABERN CT.	
1.4 CITY - ST - ZIP	FT. MYERS, FL 33919-2707	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, ALAN	
2.3 STREET ADDRESS	5701 CINNAMON TREE CT.	
2.4 CITY - ST - ZIP	OAKVILLE MO	
3.1 TITLE	Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GLENN SMITH	
3.3 STREET ADDRESS	675 W. PALM AVE	
3.4 CITY - ST - ZIP	GOODLAND FL 34140	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SMITH, DAVID	
4.3 STREET ADDRESS	58539 OXBOW DR.	
4.4 CITY - ST - ZIP	ELKHART IN	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY K. MURPHY (941) 489-3052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/31/97 Daytime Phone #

CR2E034 (9/96)