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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

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 CAPBERN CT.
Suite, Apt. #, etc.

2a. Mailing Address
26 5447 CAPBERN CT.
Suite, Apt. #, etc.

22 FT. MYERS, FL.
City & State

27 FT. MYERS, FL.
City & State

23 33919-2707 USA
Zip Country

28 33919-2707 USA
Zip Country

24
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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 CAPBERN CT.
83 FT. MYERS
84 City
FL 85 Zip Code 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 1/21/97
Signature, typed or printed name of registered agent and title if applicable. when reinstating DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 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)