

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

50 MAY -1 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



STATE OF FLORIDA  
DEPARTMENT OF STATE  
SECRETARY OF STATE

DOCUMENT # **498279** (9)

SPECIAL PUBLICATIONS, INC.

Do not write in this space

1. Name of Corporation		2a. Mailing Address	
SPECIAL PUBLICATIONS, INC.		PO BOX 4649 OCALA FL 32448 US	
21. Fiscal Year	22. Date of Report	23. City & State	24. Other Information
1995	03/05/1996	OCALA FL	

3. Date of Last Report	3a. Date of Last Report
03/05/1976	04/19/1994
4. FIC Number	Applicant Fee
59-2090760	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for corporate tax under 5-100002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MARKS, LINDA YOUNG 3717 NE 17TH STREET OCALA FL 32670				81. Name	
				82. Street Address (P.O. Box Number or N.E. Address)	
				83. City	
				84. State	FL
				85. Zip Code	

11. I, the undersigned, president of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of having its registered office in the State of Florida established in the County of Marion, Florida, and authorized by the corporation's board of directors, I hereby accept this appointment as registered agent. I am hereby accepting this appointment as registered agent for the corporation.

SIGNATURE \_\_\_\_\_

12. REGISTERED OFFICERS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
P NAME: MARKS, LINDA YOUNG ADDRESS: 118 SW FORT KING STREET CITY: OCALA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____ ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____ ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME: _____ ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____ ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the individual named with this filing is duly licensed and qualified, for the corporation of the State of Florida, in the State of Florida. I further certify that the individual named with this filing is duly licensed and qualified, for the corporation of the State of Florida, in the State of Florida. I further certify that the individual named with this filing is duly licensed and qualified, for the corporation of the State of Florida, in the State of Florida. I further certify that the individual named with this filing is duly licensed and qualified, for the corporation of the State of Florida, in the State of Florida.

SIGNATURE: *Linda Young Marks*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 LINDA YOUNG MARKS

4-28-95 904-622-2995