ANNUAL REPORT
1995

Division of Corporations

95 APR 17 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # J37657 (0)**

1. Corporation Name

**SPECIALTY MARKETING ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5401 W KENNEDY BLVD 710 TAMPA, FL 33609<br>P.O. BOX 21047<br>TAMPA FL 33622-6047 | 5401 W KENNEDY BLVD 710 TAMPA, FL 33609<br>P.O. BOX 21047<br>TAMPA FL 33622-6047 |

DO NOT WRITE IN THIS SPACE.

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 10/09/1986 | 03/15/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 59-2730091 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LYNN, WAYNE R.<br>5401 W KENNEDY BLVD STE 710<br>TAMPA FL 33609 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DPT | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LYNN, WAYNE R. | 1.2 NAME | |
| STREET ADDRESS | 3419 JEAN CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LYNN, LYNNE D. | 2.2 NAME | |
| STREET ADDRESS | 3419 JEAN CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BLACK, CAROL S | 3.2 NAME | |
| STREET ADDRESS | 6080 FAIRMONT AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCNEEL, CLAYTON W | 4.2 NAME | |
| STREET ADDRESS | 3407 S BEACH DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCNEEL, VAN L | 5.2 NAME | |
| STREET ADDRESS | 4816 CULBREATH ISLE DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | |
| ~~TITLE~~ | ~~D~~ | 6.1 TITLE | ☐ Change ☐ Addition |
| ~~NAME~~ | ~~REYNOLDS, ROYCE G~~ | 6.2 NAME | |
| ~~STREET ADDRESS~~ | ~~2702 LAKE FOREST DRIVE~~ | 6.3 STREET ADDRESS | |
| ~~CITY-ST-ZIP~~ | ~~GREENSBORO NC~~ | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Carol S. Black Carol S. Black 813-289-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0908496 CP