

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 11:45

DOCUMENT # L42715

(7)

1. Corporation Name

SPECIAL PROJECTS, INC.

Principal Place of Business

Mailing Address

C/O SAMUEL PAUL GLENN
7061 OLD KINGS RD. SOUTH #131
JACKSONVILLE FL 32217

C/O SAMUEL PAUL GLENN
7061 OLD KINGS RD. SOUTH #131
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1990

3a. Date of Last Report

07/21/1994

4. FEI Number

59-2998027

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

2a. Mailing Address

21. C/O SAMUEL P. GLENN

26. C/O SAMUEL P. GLENN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 3441 SCRIMSHAW DRIVE

27. 3441 SCRIMSHAW DRIVE

City & State

City & State

23. JACKSONVILLE, FL 32257

28. JACKSONVILLE, FL

Zip

Country

Zip

Country

24. 32257

25. USA

29. 32257

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLENN, SAMUEL PAUL
7061 OLD KINGS RD. SOUTH
#131
JACKSONVILLE FL 32217

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

3441 SCRIMSHAW DRIVE

83.

84. City

JACKSONVILLE

FL

85. Zip Code

32257

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

SAMUEL PAUL GLENN

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-94

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

GLENN, SAMUEL PAUL

STREET ADDRESS

7061 OLD KINGS RD.S.#131

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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 resolver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL P. GLENN

DATE

1-31-94

(Typed Name)

292-0069
904-722-0069