

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000086 (6)**

1. Corporation Name

**SPECIALTY AGENTS POLITICAL ACCEPTANCE COMMITTEE, INC.**

Principal Place of Business

Mailing Address

**305 SPRING LAKE HILLS DRIVE  
ALTAMONTE SPRINGS FL 32714**

**305 SPRING LAKE HILLS DRIVE  
ALTAMONTE SPRINGS FL 32714-3426**



3. Date Incorporated or Qualified  
**01/05/1996**

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 <b>5211 Timuquana Road</b>	26 <b>5211 Timuquana Road</b>
Suite, Apt. #, etc. <b>#6</b>	Suite, Apt. #, etc. <b>#6</b>
22 <b>Jacksonville, FL</b>	27 <b>Jacksonville, FL</b>
City & State	City & State
23 <b>32210</b>	28 <b>32210</b>
Zip	Zip
24 <b>USA</b>	29 <b>USA</b>
Country	Country

4. FEI Number <b>59-3350884</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name <b>Eli Jenkins</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5265 Park Blvd.</b>
83 <b>Eli Jenkins</b>
84 City <b>Pinellas Park</b>
85 Zip Code <b>FL 34665</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 617.0503, Florida Statutes.

SIGNATURE **Eli Jenkins, Treasurer** **ELI S JENKINS, TREASURER** DATE **7/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DALY, FRANK</b>		1.2 NAME <b>Hill, Richard</b>	
STREET ADDRESS <b>305 SPRING LAKE HILLS DRIVE</b>		1.3 STREET ADDRESS <b>5211 Timuquana Road #6</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32714</b>		1.4 CITY-ST-ZIP <b>Jacksonville FL 32210</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D Fleming, Adrienne</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLEMING, ADRIENNE</b>		2.2 NAME <b>4801 N. Nebraska Ave.</b>	
STREET ADDRESS <b>305 SPRING LAKE HILLS DRIVE</b>		2.3 STREET ADDRESS <b>Tampa FL 33603</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32714</b>		2.4 CITY-ST-ZIP <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Lucas, Caren</b>	
NAME <b>LUCAS, CAREN</b>		3.2 NAME <b>32321 Haven Court #100</b>	
STREET ADDRESS <b>305 SPRING LAKE HILLS DRIVE</b>		3.3 STREET ADDRESS <b>Leesburg FL 34788</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32714</b>		3.4 CITY-ST-ZIP <b>T.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T.D.</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>Jenkins, Eli</b>	
NAME <b>JENKINS, EU</b>		4.2 NAME <b>5265 Park Blvd</b>	
STREET ADDRESS <b>305 SPRING LAKE HILLS DRIVE</b>		4.3 STREET ADDRESS <b>Pinellas Park FL 34665</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32714</b>		4.4 CITY-ST-ZIP <b>UP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>UP</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Redmond, Steve</b>	
NAME <b>Redmond, Steve</b>		5.2 NAME <b>232-Sth Avenue SE</b>	
STREET ADDRESS <b>232-Sth Avenue SE</b>		5.3 STREET ADDRESS <b>Delray Beach FL 33483</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32714</b>		5.4 CITY-ST-ZIP <b>100002241501</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>100002241501</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>-07/18/97--01065--010</b>	
NAME <b>-07/18/97--01065--010</b>		6.2 NAME <b>***61.25</b>	
STREET ADDRESS <b>***61.25</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Eli Jenkins** **7-17**

CP2E037 (9/96)