


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90070 010 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000086**

1. Corporation Name

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

Principal Place of Business

5211 TIMUQUANA ROAD, #6  
JACKSONVILLE FL 32210

Mailing Address

5211 TIMUQUANA ROAD, #6  
JACKSONVILLE FL 32210



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 305 Spring Lake Hills Dr.		26 305 Spring Lake Hills Dr.		01/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3350884	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Altamonte Springs FL		28 Altamonte Springs FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24 32714		29 32714		30 Seminole	

9. Name and Address of Current Registered Agent

JENKINS, ELI  
5265 PARK BLVD  
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name	Michele Vickery
82 Street Address (P.O. Box Number is Not Acceptable)	
83	305 Spring Lake Hills Dr.
84 City	Altamonte Springs FL
85 Zip Code	32714

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 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 617.0503, Florida Statutes.

SIGNATURE Michele Vickery  
Signature, typed or printed name of registered agent and fee if applicable.

(NO E: Registered Agent signature required when reinstating)

DATE

4-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RICHARD	1.2 NAME	
STREET ADDRESS	5211 TIMUQUANA ROAD, #6	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, ADRIENNE	2.2 NAME	
STREET ADDRESS	4501 N. NEBRASKA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, CAREN	3.2 NAME	
STREET ADDRESS	32321 HAVEN COURT #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ELI	4.2 NAME	
STREET ADDRESS	5265 PARK BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34665	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99 407-778-1511

CR2E037 (11/98)