


FILE NOW: FILING FEE IS \$61.25

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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90029 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000088

1. Corporation Name

SPECIALTY AGENTS-POLITICAL ACTIVITY COMMITTEE, I
NC.

Principal Place of Business

5211 TIMUQUANA RD. #6
JACKSONVILLE FL 32210

Mailing Address

5211 TIMUQUANA RD. #6
JACKSONVILLE FL 32210



2. Principal Place of Business 21 305 Spring Lake Hills Dr Suite, Apt. #, etc. 22 City & State 23 Altamonte Springs FL Zip 24 32714 Country 25 Seminole	2a. Mailing Address 26 305 Spring Lake Hills Dr Suite, Apt. #, etc. 27 City & State 28 Altamonte Springs FL Zip 29 32714 Country 30 Seminole	3. Date Incorporated or Qualified 01/05/1996 4. FEI Number 59-3350883 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

JENKINS, ELI S
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)
305 Spring Lake Hills Dr.
83
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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 RD, #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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)