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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 JAN 13 AM 9:23

DOCUMENT # **S45331** **(3)**

1. Corporation Name
SPECIAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5517 SW 69 TERRACE GAINESVILLE FL 32608 US	5517 SW 69 TERRACE GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1991
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-3062094 ☐ 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	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MILLER, DAVID M
5517 SW 69 TERRACE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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, type 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	STD	11 TITLE	D	☐ Change ☐ Addition XX
NAME	BRICE, CARLA J	12 NAME	HICKS, ALISON L	
STREET ADDRESS	5517 SW 69 TERRACE	13 STREET ADDRESS	5517 SW 69 TERRACE	
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP	GAINESVILLE, FL 32608	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HICKS, THOMAS P JR	22 NAME		
STREET ADDRESS	5517 SW 69 TERRACE	23 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	MILLER, DAVID M	32 NAME		
STREET ADDRESS	5517 SW 69 TERRACE	33 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BRICE, HAZEL M	42 NAME		
STREET ADDRESS	5517 SW 69 TERRACE	43 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HICKS, STEPHANIE A	52 NAME		
STREET ADDRESS	5517 SW 69 TERR	53 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this report 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David M. Miller 1-11-95 (904) 372-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
DAVID M. MILLER

0034842 CP