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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 05 1996 8:00 am  
Secretary of State

DOCUMENT # **V59016** (8)

1. Corporation Name

**SPECIALTY NETWORK SERVICES, INC.**



Principal Place of Business

Mailing Address

**2600 LAKE LUCIEN DR.  
STE 113  
MAITLAND FL 32751  
US**

**2600 LAKE LUCIEN DR.  
STE 113  
MAITLAND FL 32751  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**  
**BENNION, THOMAS O.**  
STREET ADDRESS **2600 LAKE LUCIEN DR STE 113**  
CITY-ST-ZIP **MAITLAND FL 32**

TITLE ☐ DELETE

NAME **D**  
**SALE, ALVIN F.**  
STREET ADDRESS **ONE FIRST UNION CENTER**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE ☐ DELETE

NAME **C**  
**PALMER, JONATHAN J.**  
STREET ADDRESS **50 N. LAURA ST 41ST FL**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **EVP**  
**SPIES, GEORGE J.**  
STREET ADDRESS **2600 LAKE LUCIEN DR STE 109**  
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME **S**  
**BRANSFORD, CHERYL W.**  
STREET ADDRESS **2600 LAKE LUCIEN DR STE 113**  
CITY-ST-ZIP **MAITLAND FL 32**

TITLE ☐ DELETE

NAME **T**  
**RECOB, STANLEY E.**  
STREET ADDRESS **2600 LAKE LUCIEN DR STE 113**  
CITY-ST-ZIP **MAITLAND FL 32**

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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 119.07(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 receiver 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:

*Stanley E. Recob*  
**STANLEY E. RECOB, TREASURER AND DIR. OF FINANCE**

2/26/96

(407) 875-2500

Daytime Phone #

CR2E034 (12/95)