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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V59016 (8)

1. Corporation Name

~~SPECIALTY NETWORK SERVICES, INC.~~
HONOR SERVICES, INC.

Principal Place of Business

2600 LAKE LUCIEN DR.
STE 449 180
MAITLAND FL 32751 -7232
US

Mailing Address

2600 LAKE LUCIEN DR.
STE 449 180
MAITLAND FL 32751-7232
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 180
23 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.
27 180
28 City & State

24 Zip
32751-7232

25 Country

29 Zip
32751-7232

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/17/1992

3a. Date of Last Report

03/05/1996

4. FEI Number

59-3145784

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	BENNION, THOMAS O.	2600 LAKE LUCIEN DR STE 113	MAITLAND FL 32	<input type="checkbox"/>
D	SALE, ALVIN F.	ONE FIRST UNION CENTER	CHARLOTTE NC	<input type="checkbox"/>
C	PALMER, JONATHAN J.	50 N. LAURA ST 41ST FL	JACKSONVILLE FL	<input checked="" type="checkbox"/>
EVP	HESTER, TRUMAN L.	2600 LAKE LUCIEN DR, STE 113	MAITLAND FL	<input checked="" type="checkbox"/>
S	BRANSFORD, CHERYL W.	2600 LAKE LUCIEN DR STE 113	MAITLAND FL 32	<input type="checkbox"/>
T	RECOB, STANLEY E.	2600 LAKE LUCIEN DR STE 113	MAITLAND FL 32	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Recob, SVP /T

(407)875-2500

Date

Daytime Phone #

0066921

CR2E034 (9/96)