

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F03008** (2)

1. Corporation Name

SPECIAL ACCOUNTS MANAGEMENT, INC.

95 FEB -3 PM 1:28

Principal Place of Business

Mailing Address

206 EAST 6TH AVENUE
TALLAHASSEE FL 32303

206 EAST 6TH AVENUE
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/24/1980** 3a. Date of Last Report **01/31/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-2030091** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROUSE, KENNETH
206 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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 PD
NAME DOUGLAS, H E
STREET ADDRESS 8017 SE DOUBLE TREE DR.
CITY-ST-ZIP HOBE SOUND FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33455**

TITLE VD
NAME BROXTON, ROBERT E
STREET ADDRESS 3842 SE FAIRWAYS WEST
CITY-ST-ZIP STUART FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 4015 CLUB HOUSE PLACE
2.4 CITY-ST-ZIP STUART, FL 34997

TITLE VD
NAME ROUSE, KENNETH
STREET ADDRESS 4455 MILLWOOD LANE
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 2698 S. HANNON HILL DR.
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE S
NAME STEPHENS, GAIL H
STREET ADDRESS 1311 ELENOR DR.
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP VD
LEONARD J. BACH
8026 SE DOUBLE TREE DR
HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(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 any attachment with an address.

SIGNATURE:

KENNETH ROUSE V.P.
Kenneth Rouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95 904-681-2315

Date Daytime Phone #