FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00741** **(3)**

1. Corporation Name
SCA-TAMPA, INC.

Principal Place of Business	Mailing Address
102 WOODMONT BLVD SUITE 610 NASHVILLE TN 37205-2254	102 WOODMONT BLVD SUITE 610 NASHVILLE TN 37205-2254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1989	3a. Date of Last Report: 10/06/1994
4. FEI Number: 62-1398632	☐ 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 § 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVP	11 TITLE	300001479195 ction
NAME	BUNDREN, DANNY E	12 NAME	-05/08/95 --01081--001
STREET ADDRESS	102 WOODMONT BLVD, SUITE 610	13 STREET ADDRESS	***2000.00 ****200.00
CITY ST ZIP	NASHVILLE TN	14 CITY ST ZIP	
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	GORDON, JOEL C	22 NAME	
STREET ADDRESS	102 WOODMONT BLVD #610	23 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	HAMBURG, WILLIAM J	32 NAME	
STREET ADDRESS	102 WOODMONT BLVD #610	33 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	JONES, TARP	42 NAME	
STREET ADDRESS	102 WOODMONT BLVD #610	43 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	44 CITY ST ZIP	
TITLE	AVP	51 TITLE	☐ Change ☐ Addition
NAME	BOGLE, JEFFREY A	52 NAME	
STREET ADDRESS	102 WOODMONT BLVD., STE. 610	53 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	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 filing 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danny E Bundren DANNY E. BUNDREN 4-15-95 615-385-3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384407 CP