

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 PM 12:07

DOCUMENT # P34195**(8)**

1. Corporation Name

SOUTHWEST RICHMOND, INC.

Principal Place of Business

**300 BELLEVUE PARKWAY
SUITE 140
WILMINGTON DE 19809**

Mailing Address

**300 BELLEVUE PARKWAY
SUITE 140
WILMINGTON DE 19809
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/05/1991

3a. Date of Last Report

04/05/1994

4. FEI Number

51-0334314

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

21 1415 Foulk Road

2a. Mailing Address

26 1415 Foulk Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100**27 Suite 100**

City & State

City & State

23 Wilmington, DE**28 Wilmington, DE**

Zip

Country

Zip

Country

24 19803**25 USA****29 19803****30 USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROTHMAN, ROBERT
STREET ADDRESS	8875 HIDDEN RIVER PARKWAY
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	ROTHMAN, JOSEPH G
STREET ADDRESS	8875 HIDDEN RIVER PARKWAY
CITY-ST-ZIP	TAMPA FL
TITLE	S
NAME	VOSS, DEANNA
STREET ADDRESS	300 BELLEVUE PARKWAY, SUITE 140
CITY-ST-ZIP	WILMINGTON DE 19809
TITLE	SVP
NAME	BEALE, CHARLES L.
STREET ADDRESS	300 BELLEVUE PARKWAY, SUITE 140
CITY-ST-ZIP	WILMINGTON DE 19809
TITLE	D
NAME	BUCHANAN, KIM P
STREET ADDRESS	8875 HIDDEN RIVER PARKWAY
CITY-ST-ZIP	TAMPA FL
TITLE	EVP
NAME	GIBBS, THOMAS G
STREET ADDRESS	50 LAURA ST., 28TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202-3650

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman, CEO, Director	☒ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS	100 N. Tampa Street, Suite 3600		
1.4 CITY-ST-ZIP	Tampa, FL 33602		
2.1 TITLE	**** Delete ****	☒ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Vice President, Secretary	☒ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS	1415 Foulk Road, Suite 100		
3.4 CITY-ST-ZIP	Wilmington, DE 19803		
4.1 TITLE		☒ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS	100 N. Tampa Street, Suite 3600		
4.4 CITY-ST-ZIP	Tampa, FL 33602		
5.1 TITLE	Exec. VP, CFO, Director	☒ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS	100 N. Tampa Street, Suite 3600		
5.4 CITY-ST-ZIP	Tampa, FL 33602		
6.1 TITLE	Vice Chairman, Director	☒ 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Deanna Voss**3/2/95**

(Date)

(302) 477-5979

(Telephone Number)