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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000025361 (5)**

1. Corporation Name
SECOND CITY FINANCIAL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
806 SNUG ISLAND CLEARWATER BCH. FL 34630 US	806 SNUG ISLAND CLEARWATER BCH. FL 34630 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/06/1993**
3a. Date of Last Report: **06/23/1994**

2. Principal Place of Business — 21: 5444 Bay Center Dr.
Suite, Apt. #, etc. — 22: Suite 217
City & State — 23: Tampa, FL
Zip — 24: 33609 — County — 25: Hillsborough

2a. Mailing Address — 26: PO Box 2132
Suite, Apt. #, etc. — 27:
City & State — 28: Tampa, FL
Zip — 29: 33601 — County — 30: Hillsborough

4. FEI Number: **59-3175702** ☐ 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

9. Name and Address of Current Registered Agent

MOSS, CRAIG
5445 MARINER ST.
SUITE 109
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: Craig Moss
82 Street Address (P.O. Box Number Not Acceptable): 5444 Bay Center Dr.
83: Suite 217
84 City: Tampa FL 85 Zip Code: 33609

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: Craig Moss — 2/7/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	MOSS, HOWARD	12 NAME	Howard Moss	
STREET ADDRESS	806 SNUG ISLAND	13 STREET ADDRESS	5444 Bay Center Dr. Suite 217	
CITY ST ZIP	CLEARWATER BCH. FL	14 CITY ST ZIP	Tampa, FL 33609	
TITLE	V	21 TITLE	V. S. D	☒ Change ☐ Addition
NAME	MOSS, PATRICIA	22 NAME	Craig Moss,	
STREET ADDRESS	806 SNUG ISLAND	23 STREET ADDRESS	5444 Bay Center Dr. Suite 217	
CITY ST ZIP	CLEARWATER BCH. FL	24 CITY ST ZIP	Tampa, FL 33609	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MOSS, CRAIG	32 NAME		
STREET ADDRESS	5445 MARINER ST., STE. 109	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		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: Craig Moss — 2/7/95 — (813) 287-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0341018 CP