FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000008740 (0)

1. Corporation Name

REILLY CAPITAL CORPORATION

Principal Place of Business
150 2ND AVE N
SUITE 1600
ST PETERSBURG FL 33701

Mailing Address
150 2ND AVE N
SUITE 1600
ST PETERSBURG FL 33701

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report: 06/15/1995
4. FEI Number: 59-3217199 ☐ 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
21 526 Central ave
Suite, Apt. #, etc.
22 # 200
City & State
23 St Petersburg Fl
Zip
24 33701-3704 25 County: Pinellas

2a. Mailing Address
26 P.O. Box 861
Suite, Apt. #, etc.
27
City & State
28 St. Petersburg Fl
Zip
29 33731-0861 30 County: Pinellas

9. Name and Address of Current Registered Agent

REILLY, STEVEN
150 2ND AVE N
SUITE 1600
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent
81 Name: Reilly, Steven
82 Street Address (P.O. Box Number is Not Acceptable): 526 Central ave.
83 # 200
84 City: St. Petersburg FL 85 Zip Code: 33701-3704

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] 2-12-96
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	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	REILLY, STEVEN	1.2 NAME	Reilly, Steven
STREET ADDRESS	150 2ND AVE N SUITE 1600	1.3 STREET ADDRESS	526 Central ave. # 200
CITY-ST-ZIP	ST PETERSBURG FL 33701	1.4 CITY-ST-ZIP	St. Petersburg, Fl 33701-3704
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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] 2-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #