

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040033 (9)

1. Corporation Name

SECURITY FINANCIAL INVESTMENTS OF OCALA, INC.



Principal Place of Business

5157 NE 60TH TERRACE
SILVER SPINGS FL 34488

Mailing Address

5157 NE 60TH TERRACE
SILVER SPINGS FL 34488

3. Date Incorporated or Qualified

05/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 2801 SW College Rd

2a. Mailing Address

26 P.O. Box 4544

4. FET Number

59-3316215

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23 Ocala FL

28 Ocala FL

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

24 34474

25 USA

29 34478

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LALLY, LUCINDA J
5157 NE 60TH TERRACE
SILVER SPINGS FL 34488

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, type or print name of registered agent and date of signature

(NOTE: Registered Agent's signature is required when replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LALLY, JAMES A
STREET ADDRESS 5157 NE 60TH TERRACE
CITY-ST-ZIP SILVER SPINGS FL 34488

TITLE D
NAME LALLY, LUCINDA J
STREET ADDRESS 5157 NE 60TH TERRACE
CITY-ST-ZIP SILVER SPINGS FL 34488

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

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)(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:

Lucinda J. Lally
LUCINDA J. LALLY

4/25/96 352-893-1917

Date: Date: Print name

CR2E034 (12/95)