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 # **P95000094265 (2)**

1. Corporation Name

SECURITY CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5222 SOUTH CRESCENT DR. TAMPA FL 33611	5222 SOUTH CRESCENT DR. TAMPA FL 33611

3. Date Incorporated or Qualified: **12/12/1995**

3a. Date of Last Report:

4. FEI Number: **59-3552827** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: DONALD A. PLEASANTS
82 Street Address (P.O. Box Number is Not Acceptable): 5222 S. CRESCENT DRIVE,
83
84 City: TAMPA FL 85 Zip Code: 33611

11. Pursuant to the provisions of Section 607.0502 and 607.1105, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald A Pleasants DONALD A. PLEASANTS 2/21/96
Date

12. OFFICERS AND DIRECTORS

11 TYPE	PD	☐ DELETE
12 NAME	PLEASANTS, DONALD A	
13 STREET ADDRESS	5222 SOUTH CRESCENT DR.	
14 CITY-ST-ZIP	TAMPA FL 33611	
21 TYPE		☐ DELETE
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TYPE		☐ DELETE
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TYPE		☐ DELETE
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TYPE		☐ DELETE
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TYPE		☐ DELETE
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TYPE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TYPE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TYPE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TYPE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TYPE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TYPE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true. For profit corporations, I further certify that I am familiar with the provisions of Section 607.0505, Florida Statutes, and that the corporation is not prohibited from filing this report. I further certify that the information indicated on this report or supplemental requests to be changed, 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 added to the report with my true address.

SIGNATURE: Donald A Pleasants 2/21/96 813/969-0393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DONALD A. PLEASANTS