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 # V40573 (0)

1. Corporation Name
SECOND CHANCE OF HERNANDO, INC.

Principal Place of Business	Mailing Address
13135-D SPRING HILL DR SPRING HILL FL 34609 US	13135-D SPRING HILL DR SPRING HILL FL 34609 US

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 08/21/1995

2. Principal Place of Business
21 13127 SpringHill Dr.
22 Suite, Apt. #, etc.
23 City & State: Spring Hill
24 Zip: 34609 25 Country: USA

2a. Mailing Address
26 13127 Spring Hill Dr.
27 Suite, Apt. #, etc.
28 City & State: Spring Hill
29 Zip: 34609 30 Country: USA

4. FEI Number: 59-3187756 ☐ 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
CHARNOCK, WILLIAM T., III
~~13135-D SPRING HILL DR~~
SPRING HILL FL 34609

10. Name and Address of New Registered Agent
81 Name: William T. Charnock, III
82 Street Address (P.O. Box Number is Not Acceptable): 13127 Spring Hill Dr.
83
84 City: Spring Hill FL 85 Zip Code: 34609

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] 4/26/96
Signature of new registered agent 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	CHARNOCK, WILLIAM T, III		1.2 NAME	William T. Charnock, III
STREET ADDRESS	13135-D SPRING HILL DT		1.3 STREET ADDRESS	13127 Spring Hill Dr.
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	Spring Hill, FL 34609
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	

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] 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)