FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
FILED

DOCUMENT # P94000039733 (8)

1. Corporate Name

SECURITY CREDIT LEASING, INC.

95 MAY -1 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9270 BAY PLAZA BLVD. STE. 660
TAMPA FL 33619

Mailing Address
9270 BAY PLAZA BLVD. STE. 660
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Street Address: 21 1911 US HIGHWAY 301 NORTH CENTER POINT BUSINESS PARK
Suite, Apt. #, etc.: 22 SUITE 300
City & State: 23 TAMPA
Zip: 24 33619 Country: 25 HILLSBOROUGH

2a. Mailing Address: 26 P.O. BOX 671
Suite, Apt. #, etc.: 27
City & State: 28 BRANDON, FL
Zip: 29 33511 Country: 30

4. FEI Number: 59-3251574 ☐ 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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SOLOMON, STANFORD R
BARNETT PLAZA STE. 1818
101 E. KENNEDY BLVD.
TAMPA FL 33629

10. Name and Address of New Registered Agent

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 607.0202 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: (Registered Agent signature required for all changes) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☒ Change ☐ Addition
12 NAME	OTTINGER, J T	12 NAME	
13 STREET ADDRESS	9270 BAY PLAZA BLVD. STE. 660	13 STREET ADDRESS	4521 Mahican Trail
14 CITY ST ZIP	TAMPA FL 33619	14 CITY ST ZIP	Valrico, FL 33594
21 TITLE	D	21 TITLE	☒ Change ☐ Addition
22 NAME	OTTINGER, ANN W	22 NAME	
23 STREET ADDRESS	9270 BAY PLAZA BLVD. STE. 660	23 STREET ADDRESS	4521 Mahican Trail
24 CITY ST ZIP	TAMPA FL 33619	24 CITY ST ZIP	Valrico, FL 33594
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: J. Terry Ottinger PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. TERRY OTTINGER

4-28-95 (Date)

(813) 620-0505 (Telephone Number)

0200489 CP