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
AND
FILED

95 MAY -1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **632550** **(0)**

1. Corporation Name

FOCUS INVESTMENT ADVISORS, INC.

Principal Place of Business	Mailing Address
880 CARILLON PARKWAY SUITE 202 ST. PETERSBURG FL 33716 US	880 CARILLON PARKWAY SUITE 202 ST. PETERSBURG FL 33716 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1979
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 880 CARILLON PARKWAY
Suite, Apt. #, etc. 22:
City & State 23: ST. PETERSBURG, FL.
Zip 24: 33716 County 25:

2a. Mailing Address
26: 880 CARILLON PARKWAY
Suite, Apt. #, etc. 27:
City & State 28: ST. PETERSBURG, FL.
Zip 29: 33716 County 30:

4. FEI Number: 59-3107650 ☐ 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 FILED BY PARENT CO.

9. Name and Address of Current Registered Agent

PIPPENGER, LYNN
880 CARILLON PARKWAY
ST. PETERSBURG FL 33716

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HAINES, C. STEVEN	12 NAME	
STREET ADDRESS	111 PARKER STREET	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	~~AV~~	21 TITLE	V ☒ Change ☐ Addition
NAME	~~GLEASON, KELLY~~	22 NAME	STOVE, C. HARALD
STREET ADDRESS	~~111 PARKER ST~~	23 STREET ADDRESS	111 PARKER ST.
CITY-ST-ZIP	~~TAMPA FL~~	24 CITY-ST-ZIP	TAMPA, FL.
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	PIPPENGER, LYNN	32 NAME	
STREET ADDRESS	880 CARILLON PARKWAY	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	PALSHA, GRACE M.	42 NAME	
STREET ADDRESS	880 CARILLON PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	JULIEN, JEFFREY P	52 NAME	
STREET ADDRESS	880 CARILLON PKWY	53 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JAMES, THOMAS A.	62 NAME	
STREET ADDRESS	880 CARILLON PKWY	63 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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)(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 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: X Jeffrey P. Julien JEFFREY P. JULIEN 4/26/95 813-573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0011078 CP