

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

CORPORATION
ANNUAL REPORT
1995



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

REMOVED
AND
FILED

95 MAY -1 PM 3: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **696797** (0)
1. Corporation Name
ROBERT THOMAS SECURITIES, INC.

Principal Place of Business Mailing Address
**880 CARILLON PKWY.
P.O. BOX 12749
ST PETERSBURG FL 33733-2749**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/30/1981** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2117008** 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 C. 100.032, Florida Statutes Yes No **FILED BY PARENT CO**

2. Principal Place of Business 2a. Mailing Address
21 Sute, Apt. #, etc 25 Sute, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**PIPPENGER, LYNN
880 CARILLON PKWY.
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 _____
Signature (Typed or printed name of registered agent and date of signature) _____
Registered Agent Signature (Typed or printed name) _____
Date _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	PIPPENGER, LYNN
STREET ADDRESS	19500 GULF BLVD., #105
CITY, ST, ZIP	INDIAN ROCKS BCH. FL
TITLE	V
NAME	DISCIASCIO, DAVID
STREET ADDRESS	17047 SQUIRREL PRAIRIE RD.
CITY, ST, ZIP	BROOKVILLE FL
TITLE	PD
NAME	PUTNAM, J. STEVEN
STREET ADDRESS	5 LINDEN LANE
CITY, ST, ZIP	PALM HARBOR FL
TITLE	TD
NAME	ZANK, DENNIS W
STREET ADDRESS	2833 CHELSEA PLACE, S.
CITY, ST, ZIP	CLEARWATER FL
TITLE	AT
NAME	TREMAINE, THOMAS R.
STREET ADDRESS	305 16TH AVE NE
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Dennis W. Zank* DENNIS W. ZANK 4/26/95 813-573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR