


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 696797 (0)**

1. Corporation Name  
**ROBERT THOMAS SECURITIES, INC.**

Principal Place of Business <b>880 CARILLON PKWY.                  P.O. BOX 12749                  ST PETERSBURG FL 33733-2749</b>	Mailing Address <b>880 CARILLON PKWY.                  P.O. BOX 12749                  ST PETERSBURG FL 33733-2749</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified  
**07/30/1981**

4. FEI Number  
**59-2117008**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. **FILED BY PARENT COMPANY**

9. Name and Address of Current Registered Agent

**PIPPENGER, LYNN  
 880 CARILLON PKWY.  
 ST PETERSBURG FL 33718**

10. Name and Address of New Registered Agent

**FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIPPENGER, LYNN</b>	1.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DISCIASCIO, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUTNAM, J. STEPHEN</b>	3.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZANK, DENNIS W</b>	4.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREMAINE, THOMAS R.</b>	5.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Dennis W. Zank Dennis W. Zank 4/15/98 813-573-3800

CR2E034 (10/97)