

**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 # **G83865** (7)  
1. Corporation Name  
**EAGLE ASSET MANAGEMENT, INC.**



Principal Place of Business  
**880 CARILLON PKWY.  
P.O. BOX 12749  
ST. PETERSBURG FL 33716  
US**

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

3. Date Incorporated or Qualified **02/08/1984** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2385219** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fees 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.**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country 30

g. Name and Address of Current Registered Agent  
**EHLERS, HERBERT E.  
880 CARILLON PKWY.  
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

81 Name **STEPHEN W. FABER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**880 CARILLON PARKWAY**

83

84 City **ST. PETERSBURG** FL 85 Zip Code **33716**

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: *X Stephen W. Faber*

4/25/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>RIESS, RICHARD K</b>	
STREET ADDRESS	<del>1704 CYPRESS AVENUE</del>	
CITY-ST-ZIP	<del>BELLEAIR FL</del>	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>JAMES, THOMAS A</b>	
STREET ADDRESS	<del>7977 9TH AVE. SOUTH</del>	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HILL, STEPHEN G</b>	
STREET ADDRESS	<del>9007 W. VILLA ROSA PARK</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<del>KOOSTER, KENNETH K</del>	
STREET ADDRESS	<del>14164 85TH AVE. NORTH</del>	
CITY-ST-ZIP	<del>SEMINOLE FL</del>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>FABER, STEPHEN W</b>	
STREET ADDRESS	<del>3071 BRANCH DRIVE</del>	
CITY-ST-ZIP	<del>CLEARWATER FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>880 CARILLON PKWY.</b>
1.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33716</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>880 CARILLON PKWY.</b>
2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33716</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>880 CARILLON PKWY.</b>
3.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33716</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KOSTER, KENNETH K.</b>
4.3 STREET ADDRESS	<b>880 CARILLON PKWY.</b>
4.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33716</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>880 CARILLON PKWY.</b>
5.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33716</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *X Stephen W. Faber* SECRETARY 4/25/96 83-573-3800

CR2E034 (12/95)