Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90110 021 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G83865

1. Corporation Name

Principal Place of Business

EAGLE ASSET MANAGEMENT, INC.

P.O.E	Carillon F BOX 12749 PETERSBUR	PKWY. RG FL 33716	880 Carillon Pkwy. P.O.Box 12749 St. Petersburg Fl 33733	-2749			3. Date incorporated o 02/08/1984		TE IN THIS	SPACE	
2. F	rincipal Pla	ace of Business	2a. Mailing Address				4. FEI Number	 -			Applied For
21		· · · · <u> </u>	26				<u>59-2385219</u>				Not Applicable
	Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	Desired			5 Additional
22			27				J, Commodition Common			Fee	Required
	City & State	e	City & State			·	8, Election Campaign I	_			May Be
23			28				Trust Fund Contribu	ition		Adde	ed to Fees
	Zip	Country	Zip	Count	ry		8. This corporation ow	es the curre	ent year Int	angible ADEN	L EEWDVIN
24		25		30			Personal Property T				CUNO ANI
		9, Name and Address of Curren	t Registered Agent		اد اند		10. Name and Address	s of New H	registered.	Agent	
	EADE	ER, STEPHEN W.		8	1 N	ame					}
				8	2 S	reet Addres	ss (P.O. Box Number is N	lot Accepta	ıble)		
		CARILLON PKWY		<u> </u>						_	
	31. F	PETERSBURG FL 33716		8	3						
				8	4 C	ity			FL	85 Z	ip Code
		to the provisions of Sections 607.050.	0	- +	1	med corpor	ration submite this statem	ent for the		changing	its registered
11.	office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was au	itnorized 🛭	iv ine	corporation'	's board of directors. I he	reby accep	t the appoi	ntment as	registered
	-										{
SIG	NATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE:			ature required w	when reinstating)		DATE		
\$IG	NATURE	Signature, typed or printed name of registered agen				ature required w	when reinstating) ADDITIONS/CHANG	ES TO OF			
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6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

STREET ADDRESS