

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

**FILED**  
**Apr 16 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
--	---	---

**DOCUMENT # H91181 (8)**  
 1. Corporation Name  
**TEMPLETON FUNDS TRUST COMPANY**



Principal Place of Business <b>700 CENTRAL AVENUE ST. PETERSBURG FL 33701-3628</b>	Mailing Address <b>700 CENTRAL AVENUE ST. PETERSBURG FL 33701-3628</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/20/1985</b>	
21	Suite, Apt. #, etc.	26	<b>100 Fountain Parkway</b>	4. FEI Number <b>59-2606922</b>	Applied For Not Applicable
22	City & State	27	<b>St. Petersburg, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	<b>33716 Pinellas County</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SMITH, ROBERT W III 700 CENTRAL AVENUE ST. PETERSBURG FL 33701-3628</b>			10. Name and Address of New Registered Agent		
81	Name	<b>Smith, Robert W., III</b>			
82	Street Address (P.O. Box Number is Not Acceptable)	<b>100 Fountain Parkway</b>			
83					
84	City	<b>St. Petersburg</b>	85	Zip Code	<b>FL 33716</b>

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>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, GORDON W.</b>	1.2 NAME	
STREET ADDRESS	<b>1106 CULBREATH ISLES DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEACH, RICHARD A.</b>	2.2 NAME	
STREET ADDRESS	<b>6487 20TH AVE. NO.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADCOCK, LOUIE N., JR.</b>	3.2 NAME	
STREET ADDRESS	<b>260 RAFAEL BLVD., N.E.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HITCHCOCK, JOHN G JR</b>	4.2 NAME	<b>Hitchcock, John G., Jr.</b>
STREET ADDRESS	<b>1800 HATEWAY DR</b>	4.3 STREET ADDRESS	<b>1400 Fashion Island Blvd.</b>
CITY-ST-ZIP	<b>SAN MATEO CA</b>	4.4 CITY-ST-ZIP	<b>San Mateo, CA 94404</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIO, JAMES R.</b>	5.2 NAME	
STREET ADDRESS	<b>500 EAST BROWARD BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYMANN, T GREGORY II</b>	6.2 NAME	
STREET ADDRESS	<b>901 MARINERS ISLAND BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN MATEO CA</b>	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: T. Oregan Reymann II 4/9/98 659/25-8050

CR2E034 (10/97)