

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 # 341815 (9)

1. Corporation Name

RAYMOND JAMES & ASSOCIATES, INC.

Principal Place of Business

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

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

02/19/1969

3a. Date of Last Report

04/25/1994

4. FEI Number

59-1237041

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 S. 199.032,
Florida Statutes

☐ Yes

☐ No

FILED BY PARENT CO.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PIPPINGER, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
JAMES, THOMAS A
7977 9TH AVE S
ST PETERSBURG, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STVD
PIPPINGER, LYNN
19500 GULF BLVD #105
ST PETERSBURG FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVD
SHUCK, ROBERT F
7991 11TH AVE S
ST PETERSBURG, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVD
ZANK, DENNIS W.
2833 CHELSEA PL., S.
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
FRANKE, THOMAS
4907 PROVIDENCE
TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
TREMAINE, THOMAS R.
305 16 AVE NE
ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**STVD
PIPPINGER, LYNN
19500 GULF BLVD. #105
INDIAN ROCKS BEACH, FL. 33708**
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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)(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 if changed, or on an attachment with an address.

SIGNATURE:

Dennis W. Zank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS W. ZANK

4/26/95

813-573-3800

Date

Telephone Number