FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **435930** **(3)**

1. Corporation Name
INVESTMENT MANAGEMENT & RESEARCH, INC.

Principal Place of Business	Mailing Address
880 CARILLON PARKWAY PO BOX 12749 ST PETERSBURG FL 33733-2749	880 CARILLON PARKWAY PO BOX 12749 ST PETERSBURG FL 33733-2749

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/12/1973**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1531281** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No FILED BY PARENT CO

9. Name and Address of Current Registered Agent

PIPPENGER, LYNN
880 CARILLON PARKWAY
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	P/D	☒ Change ☐ Addition
NAME	~~GREENE, M ANTHONY~~	12 NAME	GREENE, M. ANTHONY	
STREET ADDRESS	~~1760 TRAPNALL DR.~~	13 STREET ADDRESS	8370 JETT FERRY ROAD	
CITY-ST-ZIP	~~DUNWOODY GA~~	14 CITY-ST-ZIP	ATLANTA, GA. 30350	
TITLE	~~AV~~	21 TITLE	VP	☒ Change ☐ Addition
NAME	~~KREJCI, THOMAS W~~	22 NAME	MCGOVERN, WILLIAM	
STREET ADDRESS	~~10050 82ND ST N~~	23 STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	~~SEMINOLE FL~~	24 CITY-ST-ZIP	ST. PETERSBURG, FL. 33716	
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	AVERITT, RICHARD G.	32 NAME		
STREET ADDRESS	4261 AUTUMN HILL DR.	33 STREET ADDRESS		
CITY-ST-ZIP	STONE MOUNTAIN GA	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	ZANK, DENNIS W.	42 NAME		
STREET ADDRESS	2833 CHELSEA PLACE S.	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	HAAS, MARY	52 NAME		
STREET ADDRESS	8034 35TH AVENUE, NORTH	53 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP		
TITLE	AT	61 TITLE		☐ Change ☐ Addition
NAME	TREMAINE, THOMAS R.	62 NAME		
STREET ADDRESS	305 16 AVE NE	63 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	64 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)(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: X D W. Zank DENNIS W. ZANK 4/24/95 813-573 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0912120 CP