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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 435930 (3)

1. Corporation Name

INVESTMENT MANAGEMENT & RESEARCH, INC.



Principal Place of Business

880 CARILLON PARKWAY
PO BOX 12749
ST PETERSBURG FL 33733-2749

Mailing Address

880 CARILLON PARKWAY
PO BOX 12749
ST PETERSBURG FL 33733-2749

3. Date Incorporated or Qualified
09/12/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPPINGER, LYNN
880 CARILLON PARKWAY
ST PETERSBURG, FL
33716

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 PD ☐ DELETE

NAME GREENE, M. A.
STREET ADDRESS 8370 JETT FERRY RD.
CITY-ST-ZIP ATLANTA GA

TITLE V ☐ DELETE

NAME MCGOVERN, WILLIAM
STREET ADDRESS 880 CARILLON PKWY.
CITY-ST-ZIP ST. PETE FL

TITLE DV ☐ DELETE

NAME AVERITT, RICHARD G.
STREET ADDRESS 4261 AUTUMN HILL DR.
CITY-ST-ZIP STONE MOUNTAIN GA

TITLE TD ☐ DELETE

NAME ZANK, DENNIS W.
STREET ADDRESS 2833 CHELSEA PLACE S.
CITY-ST-ZIP CLEARWATER FL

TITLE S ☐ DELETE

NAME HAAS, MARY
STREET ADDRESS 8034 85TH AVENUE, NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE AT ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

12 NAME GREENE, M. ANTHONY
13 STREET ADDRESS 1647 MT. VERNON RD.
14 CITY-ST-ZIP ATLANTA, GA. 30338

2.1 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 880 CARILLON PKWY.
24 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

3.1 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 1647 MT. VERNON RD.
34 CITY-ST-ZIP ATLANTA, GA. 30338

4.1 TITLE ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS 880 CARILLON PKWY.
44 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

5.1 TITLE ☒ Change ☐ Addition

52 NAME
53 STREET ADDRESS 880 CARILLON PKWY.
54 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

6.1 TITLE ☒ Change ☐ Addition

62 NAME
63 STREET ADDRESS 880 CARILLON PKWY.
64 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

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 O. W. Zank TREASURER

4/25/96

813-573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)