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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(9)

**DOCUMENT # 341815** 

RAYMOND JAMES & ASSOCIATES, INC.

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Principal Place	of Business	Mailing Address			
880 CARILLON P.O.BOX 12749 ST PETERSBUI		880 CARILLON PKWY. P.O.BOX 12749 ST PETERSBURG FL 33	733-2749	Date Incorporated or Qualified 02/19/1969	3a. Date of Last Report 05/01/1995
. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-1237041	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
]	25	29	30	Florida Statutes	NO FILED BY PAREIUT CU.
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New R	egistered Agent U
			81 Name		
PIPPENGI 880 CARI	er, lynn Illon Pkwy.		B2 Street	Address (P.O. Box Number is Not Acceptab	le)
ST PETER	rsburg, fl		63		
33716			84 City		FL 85 Zip Code
	ed agent, or both, in the State of Fig bland accept the obligations of Se	orida, Such change was authorize ection 607.0505, Florida Statutes	ed by the corporation s	board of directors. I hereby accept the appoint	shitherit as registered agent, i am
familiar witl _ GNATURE		AND AND			DATE
familiar witl	Signature, typed or printed name of registered ag-	·	TE: Registered Agent signature r		DATE CERS AND DIRECTORS IN 12
familiar with	Signature, typed or printed name of registered ag-	AND DIRECTORS	TE: Registered Agent signature r	ADDITIONS/CHANGES TO OFFI	
familiär witl SIGNATURE	Signature, typad or plinted name of registered ag	·	TE: Registered Agent signature r	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
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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 unde 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

813-573-3800