

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
02/19/1969

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

2. Principal Place of Business

2a. Mailing Address

21

26

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.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPPENGER, LYNN  
880 CARILLON PKWY.  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

1.1 TITLE

CD

☒ Change ☐ Addition

NAME JAMES, THOMAS A

1.2 NAME

JAMES, THOMAS A.

STREET ADDRESS 7977 9TH AVE S

1.3 STREET ADDRESS

880 CARILLON PKWY.

CITY-ST-ZIP ST PETERSBURG, FL 00000

1.4 CITY-ST-ZIP

ST. PETERSBURG, FL. 33716

TITLE STVD ☐ DELETE

2.1 TITLE

STVD

☒ Change ☐ Addition

NAME PIPPENGER, LYNN

2.2 NAME

PIPPENGER, LYNN

STREET ADDRESS 19500 GULF BLVD, STE. 105

2.3 STREET ADDRESS

880 CARILLON PKWY.

CITY-ST-ZIP INDIAN ROCKS BEACH FL

2.4 CITY-ST-ZIP

ST. PETERSBURG, FL. 33716

TITLE EVD ☐ DELETE

3.1 TITLE

EVD

☒ Change ☐ Addition

NAME SHUCK, ROBERT F

3.2 NAME

SHUCK, ROBERT F.

STREET ADDRESS 7991 11TH AVE S

3.3 STREET ADDRESS

880 CARILLON PKWY.

CITY-ST-ZIP ST PETERSBURG, FL 00000

3.4 CITY-ST-ZIP

ST. PETERSBURG, FL. 33716

TITLE EVD ☐ DELETE

4.1 TITLE

EVD

☒ Change ☐ Addition

NAME ZANK, DENNIS W.

4.2 NAME

ZANK, DENNIS W.

STREET ADDRESS 2833 CHELSEA PL. S.

4.3 STREET ADDRESS

880 CARILLON PKWY.

CITY-ST-ZIP CLEARWATER FL

4.4 CITY-ST-ZIP

ST. PETERSBURG, FL. 33716

TITLE PD ☐ DELETE

5.1 TITLE

PD

☒ Change ☐ Addition

NAME FRANKE, THOMAS

5.2 NAME

FRANKE, THOMAS

STREET ADDRESS 4907 PROVIDENCE

5.3 STREET ADDRESS

880 CARILLON PKWY.

CITY-ST-ZIP TAMPA FL

5.4 CITY-ST-ZIP

ST. PETERSBURG, FL. 33716

TITLE V ☐ DELETE

6.1 TITLE

V

☒ Change ☐ Addition

NAME TREMAINE, THOMAS R.

6.2 NAME

TREMAINE, THOMAS R.

STREET ADDRESS 305 18 AVE NE

6.3 STREET ADDRESS

880 CARILLON PKWY.

CITY-ST-ZIP ST. PETERSBURG FL

6.4 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 D. W. Zank EXEC. VICE PRES.

4/25/96

813-573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)