

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90209 044 ***150.00

DOCUMENT # 341815

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

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 owes the current year intangible
Personal Property Tax. Filed by Parent Company

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PIPPINGER, 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

NAME

JAMES, THOMAS A.

STREET ADDRESS

880 CARILLON PKWY

CITY-ST-ZIP

ST PETERSBURG FL

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

DVS

☐ DELETE

NAME

PIPPINGER, LYNN

STREET ADDRESS

880 CARILLON PKWY

CITY-ST-ZIP

ST PETERSBURG FL

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

EVD

☐ DELETE

NAME

SHUCK, ROBERT F.

STREET ADDRESS

880 CARILLON PKWY

CITY-ST-ZIP

ST PETERSBURG FL

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

EVD

☐ DELETE

NAME

ZANK, DENNIS W.

STREET ADDRESS

880 CARILLON PKWY

CITY-ST-ZIP

ST PETERSBURG FL

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

PD

☐ DELETE

NAME

FRANKE, THOMAS

STREET ADDRESS

880 CARILLON PKWY

CITY-ST-ZIP

ST PETERSBURG FL

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

VT

☐ DELETE

NAME

TREMAINE, THOMAS R

STREET ADDRESS

880 CARILLON PKWY

CITY-ST-ZIP

ST PETERSBURG FL

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis W Zank

4/20/99

Exec.Vice Pres 727-573-3800

Date

Daytime Phone #

CR2E034 (11/98)

0425821