

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000097707

Entity Name: STRATEGIC INVESTMENT MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**Current Mailing Address:**P.O. BOX 12749
ST. PETERSBURG, FL 33733-2749**FEI Number: 47-2474189****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SULLIVAN, CALVIN R
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name SICKLING, JAMES P
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name SNYDER, THOMAS A
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name ABBOTT, J. COOPER
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT
Name BRASWELL, CLARENCE C
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER
Name ACKART, JENNIFER C.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title SECRETARY
Name FABER, STEPHEN W.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN W. FABER**SECRETARY****04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date