#### **2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000097707

Entity Name: STRATEGIC INVESTMENT MANAGEMENT SERVICES, INC.

FILED
Apr 05, 2016
Secretary of State
CC9359254139

# **Current Principal Place of Business:**

880 CARILLON PARKWAY ST. PETERSBURG. FL 33716

## **Current Mailing Address:**

880 CARILLON PARKWAY ST. PETERSBURG, FL 33716 US

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 PRESIDENT Title TREASURER

NameBRASWELL, CLARENCE C.NameACKART, JENNIFER C.Address880 CARILLON PARKWAYAddress880 CARILLON PARKWAYCity-State-Zip:ST. PETERSBURG FL 33716City-State-Zip:ST. PETERSBURG FL 33716

Title SECRETARY Title DIRECTOR

NameFABER, STEPHEN W.NameSULLIVAN, CALVIN R.Address880 CARILLON PARKWAYAddress880 CARILLON PARKWAYCity-State-Zip:ST. PETERSBURG FL 33716City-State-Zip:ST. PETERSBURG FL 33716

Title DIRECTOR Title DIRECTOR

NameSNYDER, THOMAS A.NameSICKLING, JAMES P.Address880 CARILLON PARKWAYAddress880 CARILLON PARKWAYCity-State-Zip:ST. PETERSBURG FL 33716City-State-Zip:ST. PETERSBURG FL 33716

Title DIRECTOR

Name ABBOTT, J. COOPER
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 04/05/2016