FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **341815** **(9)**

1. Corporation Name

RAYMOND JAMES & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
880 CARILLON PKWY. P.O.BOX 12749 ST PETERSBURG FL 33733-2749	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**

3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

PIPPENGER, LYNN
880 CARILLON PKWY.
ST PETERSBURG, FL
33716

10. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	JAMES, THOMAS A	12 NAME	
STREET ADDRESS	7977 9TH AVE S	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	14 CITY-ST-ZIP	
TITLE	~~STVD~~	21 TITLE	STVD ☒ Change ☐ Addition
NAME	~~PIPPENGER, LYNN~~	22 NAME	PIPPENGER, LYNN
STREET ADDRESS	~~19500 GULF BLVD #105~~	23 STREET ADDRESS	19500 GULF BLVD. #105
CITY-ST-ZIP	~~ST PETERSBURG FL~~	24 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL. 33708
TITLE	EVD	31 TITLE	☐ Change ☐ Addition
NAME	SHUCK, ROBERT F	32 NAME	
STREET ADDRESS	7991 11TH AVE S	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	34 CITY-ST-ZIP	
TITLE	EVD	41 TITLE	☐ Change ☐ Addition
NAME	ZANK, DENNIS W.	42 NAME	
STREET ADDRESS	2833 CHELSEA PL.,S.	43 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	FRANKE, THOMAS	52 NAME	
STREET ADDRESS	4907 PROVIDENCE	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	TREMAINE, THOMAS R.	62 NAME	
STREET ADDRESS	305 16 AVE NE	63 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	64 CITY-ST-ZIP	

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)(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.

SIGNATURE: X D W Zank DENNIS W. ZANK 4/24/95 813-573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0918104 CP