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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 435930 (3)

1. Corporation Name

INVESTMENT MANAGEMENT & RESEARCH, INC.

Principal Place of Business

880 CARILLON PARKWAY
PO BOX 12749
ST PETERSBURG FL 33733-2749

Mailing Address

880 CARILLON PARKWAY
PO BOX 12749
ST PETERSBURG FL 33733-2749

3. Date Incorporated or Qualified

09/12/1973

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1531281

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 FILED BY PARENT COMPANY

9. Name and Address of Current Registered Agent

PIPPENGER, LYNN
880 CARILLON PARKWAY
ST PETERSBURG, FL
33718

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

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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, M. ANTHONY	1.2 NAME	
STREET ADDRESS	1847 MT. VERNON ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGOVERN, WILLIAM	2.2 NAME	
STREET ADDRESS	880 CARILLON PKWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AVERITT, RICHARD G.	3.2 NAME	
STREET ADDRESS	1847 MT. VERNON ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ZANK, DENNIS W.	4.2 NAME	
STREET ADDRESS	880 CARILLON PKWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAAS, MARY	5.2 NAME	
STREET ADDRESS	880 CARILLON PKWY	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	AT ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TREMAINE, THOMAS R.	6.2 NAME	
STREET ADDRESS	880 CARILLON PKWY	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis W. Zank

4/9/97 813-573-3200

0379620

CR2E034 (9/96)