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 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **444750** **(4)**

1. Corporation Name
RAYMOND JAMES FINANCIAL, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/24/1974**
3a. Date of Last Report: **04/27/1994**

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: **59-1517485** ☐ 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 AGENT 10.

9. Name and Address of Current Registered Agent

PIPPENGER, LYNN
880 CARILLON PARKWAY
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 _____ (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	11 TITLE		☐ Change ☐ Addition
NAME	JAMES, THOMAS A.	12 NAME		
STREET ADDRESS	880 CARILLON PARKWAY	13 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP		
TITLE	VCD	21 TITLE		☐ Change ☐ Addition
NAME	SHUCK, ROBERT F.	22 NAME		
STREET ADDRESS	880 CARILLON PARKWAY	23 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	PIPPENGER, LYNN	32 NAME		
STREET ADDRESS	880 CARILLON PARKWAY	33 STREET ADDRESS		
CITY ST ZIP	ST PETERSBURG, FL 00000	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	GREENE, M. ANTHONY	42 NAME		
STREET ADDRESS	1647 MT VERNON RD #250	43 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP		
TITLE	~~D~~	51 TITLE	V	☐ Change ☒ Addition
NAME	~~EHLERS, HERBERT E.~~	52 NAME	KISSNER, MARY JEAN	
STREET ADDRESS	~~880 CARILLON PARKWAY~~	53 STREET ADDRESS	880 CARILLON PARKWAY	
CITY ST ZIP	~~ST. PETERSBURG FL~~	54 CITY ST ZIP	ST. PETERSBURG, FL. 33716	
TITLE	PD	61 TITLE	PD	☒ Change ☐ Addition
NAME	GOLBOLD, FRANCIS S.	62 NAME	GOLBOLD, FRANCIS S.	
STREET ADDRESS	880 CARILLON PARKWAY	63 STREET ADDRESS	880 CARILLON PARKWAY	
CITY ST ZIP	ST. PETERSBURG FL	64 CITY ST ZIP	ST. PETERSBURG, FL. 33716	

DPM 5/18

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 Mary Jean Kissner MARY JEAN KISSNER 4/25/95 813 573 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0318119 CP