

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 444750 (4)

1. Corporation Name

RAYMOND JAMES FINANCIAL, INC.



Principal Place of Business

880 CARILLON PARKWAY
P.O. BOX 12749
ST PETERSBURG FL 33733-2749

Mailing Address

880 CARILLON PARKWAY
P.O. BOX 12749
ST PETERSBURG FL 33733-2749

3. Date Incorporated or Qualified
01/24/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-1517485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPPINGER, LYNN
880 CARILLON PARKWAY
ST. PETERSBURG FL 33716

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

TITLE ☐ DELETE

NAME
JAMES, THOMAS A.
STREET ADDRESS
880 CARILLON PARKWAY
CITY- ST- ZIP
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
SHUCK, ROBERT F.
STREET ADDRESS
880 CARILLON PARKWAY
CITY- ST- ZIP
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
PIPPINGER, LYNN
STREET ADDRESS
880 CARILLON PARKWAY
CITY- ST- ZIP
ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME
GREENE, M. ANTHONY
STREET ADDRESS
1647 MT VERNON RD #250
CITY- ST- ZIP
ATLANTA GA

TITLE ☐ DELETE

NAME
KISSNER, MARY S
STREET ADDRESS
880 CARILLON PARKWAY
CITY- ST- ZIP
ST PETERSBURG FL 33716

TITLE ☐ DELETE

NAME
GODBOLD, FRANCIS S
STREET ADDRESS
880 CARILLON PKWY.
CITY- ST- ZIP
ST. PETE. FL 33716

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

KISSNER, MARY JEAN
880 CARILLON PARKWAY
ST. PETERSBURG, FL. 33716

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREAS

4/25/96

Date

813-573-3800

Daytime Phone #

CR2E034 (12/95)