

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 695072 (9)

1. Corporation Name

INDEPENDENT INVESTMENT ADVISORY SERVICES, INC.



Principal Place of Business

ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276

Mailing Address

ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25 29 30

9. Name and Address of Current Registered Agent

MARVIN, GUY
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/08/1981

3a. Date of Last Report
04/26/1995

4. FEI Number
59-2110128

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

10. Name and Address of New Registered Agent

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 the corporation

(NOTE: Registered Agent signature required for other registrations)

Date

12. OFFICERS AND DIRECTORS

TITLE P
NAME WEAVER, THOMAS E
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

TITLE ST
NAME MAGUIRE, WILLIAM A.
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

TITLE D
NAME LYON, BOYD E.
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

TITLE D
NAME BRYAN, JACOB F., IV
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME D'Agostino, James S., Jr.
1.3 STREET ADDRESS American General Center
1.4 CITY-ST-ZIP Nashville, TN 37250 ☒ Change ☐ Addition

2.1 TITLE P
2.2 NAME Kelley, Joe
2.3 STREET ADDRESS One Independent Drive
2.4 CITY-ST-ZIP Jacksonville, FL 32276 ☒ Change ☐ Addition

3.1 TITLE T
3.2 NAME Barrett, Kent E.
3.3 STREET ADDRESS American General Center
3.4 CITY-ST-ZIP Nashville, TN 37250 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Kent E. Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/16/96

(615)749-1756

Date

Daytime Phone #

CR2E034 (12/95)