

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 # 696797 (0)

1. Corporation Name

ROBERT THOMAS SECURITIES, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
07/30/1981

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

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

4. FEI Number

59-2117008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPPINGER, LYNN
880 CARILLON PKWY.
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME PIPPIER, LYNN
STREET ADDRESS 19500 GULF BLVD., #105
CITY-ST-ZIP INDIAN ROCKS BCH. FL

☐ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS 880 CARILLON PKWY.
14 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

☒ Change ☐ Addition

TITLE V
NAME DISCIASCIO, DAVID
STREET ADDRESS 17047 SQUIRREL PRAIRIE RD.
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

2.1 TITLE
22 NAME
23 STREET ADDRESS 880 CARILLON PKWY.
24 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

☒ Change ☐ Addition

TITLE PD
NAME PUTNAM, J. STEVEN
STREET ADDRESS 5 LINDEN LANE
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS 880 CARILLON PKWY.
34 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

☒ Change ☐ Addition

TITLE TD
NAME ZANK, DENNIS W
STREET ADDRESS 2833 CHELSEA PLACE, S.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS 880 CARILLON PKWY.
44 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

☒ Change ☐ Addition

TITLE AT
NAME TREMAINE, THOMAS R.
STREET ADDRESS 905 16TH AVE NE
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS 880 CARILLON PKWY.
54 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 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: X D. W. Zank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/25/96

Date

813-573-3800

Daytime Phone

CR2E034 (12/95)