

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 # F93000005793 (5)

1. Corporation Name

RAYMOND JAMES MORTGAGE CAPITAL, INC.



Principal Place of Business

880 CARILLON PARKWAY
ST. PETERSBURG FL 33716

Mailing Address

880 CARILLON PARKWAY
ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified
12/21/1993

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3215043

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

FILED BY PARENT CO.

9. Name and Address of Current Registered Agent

SHUCK, ROBERT F
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

TITLE D ☐ DELETE
NAME MOSBY, DAVENPORT J
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ~~DP~~ ☒ DELETE
NAME ~~COBB, DAVID W.~~
STREET ADDRESS ~~880 CARILLON PARKWAY~~
CITY-ST-ZIP ~~ST. PETERSBURG FL 33716~~

TITLE D ☐ DELETE
NAME SAYLER, VAN C
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE ~~VST~~ ☒ DELETE
NAME ~~TANENBAUM, B.J. III~~
STREET ADDRESS ~~880 CARILLON PARKWAY~~
CITY-ST-ZIP ~~ST. PETERSBURG FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME MOSBY, J. DAVENPORT III
1.3 STREET ADDRESS 880 CARILLON PKWY.
1.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

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 ST ☐ Change ☒ Addition
5.2 NAME SHEETS, TODD W.
5.3 STREET ADDRESS 880 CARILLON PKWY.
5.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33716

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/25/96

Date

813-573-3800

Daytime Phone #

CR2E034 (12/95)