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

PROFIT CORPORATION ANNUAL REPORT

1996



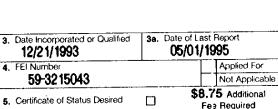
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F93000005793 ((5)

1. Corporation Name RAYMOND JAMES MORTGAGE CAPITAL, INC. Principal Place of Business Mailing Address **880 CARILLON PARKWAY** 880 CARILLON PARKWAY ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 2a. Mailing Address 2. Principal Place of Business 26



	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
2] 3]	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
4	Zip Country	Zip 29	Country 30	This corporation has liability for Florida Statutes	s 🗆 No FILE	O BU PARENT CO.
<u> </u>	9. Name and Address of Current F	registered Agent		10. Name and Address of New I	Registered Ag	ent ^u

SHUCK, ROBERT F 880 CARILLON PARKWAY ST. PETERSBURG FL 33716

21

	10. Name	and Address of New Regi	stered A	gent	0
B1	Name				
82	Street Address (P.O. Box	Number is Not Acceptable)			
83					
84	City			85	Zip Code
					Į.

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, typed or printed name of registered agent and title if OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	D OFFICERS AND DIREC	DELETE			Change Change	Addition
TITLE	MOSBY, DAVENPORT J		1.2 NAME	DP MOSBY, J. DAVENPORT III BBO CARLLION PKWY. ST. PETERSBURG, FL. 33714	, ,	
NAME	880 CARILLON PARKWAY		1.2 CTREET ADDRESS	BRO CARILLON PKWY.		
STREET ADDRESS	ST. PETERSBURG FL		1.5 GIRET ADDICSS	ST PETERSBURG, FL. 33714		
CITY - ST - ZIP	DP-	DELETE	2. 1 TITLE	Oli (processor)	☐ Change	☐ Addition
TITLE	-COBB, DAVID W-	A	22 NAME			
NAME	-880 CARILLON PARKWAY-		2.3 STREET ADDRESS			
STREET ADDRESS	ST. PETERSBURG FL 33716					
CITY - ST - ZIP	 	DELETE	2 4 C(TY - ST - ZIP 3. 1 TITLE		☐ Change	Addition
TITLE	D NAMED WANTED	C) percut	3.2 NAME		_	
NAME	SAYLER, VAN C					
STREET ADDRESS	880 CARILLON PARKWAY		3.3. STREET ADDRESS			
CHY-ST-ZIP	ST. PETERSBURG FL 33716	had pro care	3.4 CITY-S1-ZIP		Change	Add-tion
TITLE	VST	DELETE	4. 1 TITLE			
NAME	TANENBAUM, B.J. III		4.2 NAME			
STREET ADDRESS	-880 CARILLON PARKWAY-		4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		☐ Char ge	Addition
1+TLE		DELETE	5. 1 TITLE	ST TOND W	[] Cuar Ac	A) Assumen
NAME			5.2 NAME	SHEETS, TOOD W.		
STREET ADDRESS			5.3 STREET ADDRESS	880 CAPILLON PKWY. ST. PETERSBURG, FL. 3371L		
CITY-ST-ZIP			5.4 CHY-ST-ZIP	ST. PETERSBURG, FL. 33710	/ Charter	Addition
TITLE		☐ DELETE	6 1 TITLE	1	☐ Charige	LT Addition
NAME			6 2 NAME			
SIREET ADDRESS			6.3 STREET ADDRESS			
STILL TIBUTES			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 1.19.07(3)(k), Florida S'atutes. 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 cath; 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 of on an attachment with an address.

SIGNATURE: /

4/25/96 813-573-3800