FÎLE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005793 (5)

RAYMOND JAMES MORTGAGE CAPITAL. INC.

Principal Place of Business Mailing Address 880 CARILLON PARKWAY 880 CARILLON PARKWAY ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716-1102 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3215043 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes FILED BYYERARENT COMPANY 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHUCK, ROBERT F **880 CARILLON PARKWAY** Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33716 63 84 City 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 land 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) ŊΡ DELETE Change Addition TITLE 1.1 TITLE MOSBY, J DAVENPORT II NAME 12 NAME CR2E034 880 CARILLON PARKWAY STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CHY-ST ZIP 1.4 CITY-ST-ZIP SŤ DELETE Change Addition TITLE 21 TITLE SHEETS, TODD W. NAME 2.2 NAME 80 CARILLON PKWY 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY - ST 2 4 CITY - ST-ZIP ☐ DELETE 3.1 TITLE Change Addition THE SAYLER, VAN C NAME 3.2 NAME 880 CARILLON PARKWAY STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL 33716 3 4. CITY-ST-7IP C:TY - ST- ZiE DELETE XX Addition Change 4.1 TITLE THE Nonadle, **C**hristine TANENBAUM, B.J. III 4 2 NAME NAME 880 CARILLON PARKWAY STREET ADDRESS 4.3 STREET ADDRESS ST. PETERSBURG FL C(1Y - 51 - 2)P 4.4 CITY - ST-ZIP DELETE Addition Change TITLE 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition THILE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

SIGNATURE:

CHY-SI-70

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 0379448

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, d on an attachment with an address.