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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90209 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J96712

1. Corporation Name

RAYMOND JAMES PARTNERS, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1987

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

4. FEI Number

59-2849643

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 owes the current year Intangible
Personal Property Tax.

Filed by Parent Company

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATECKI, PAUL L
RAYMOND JAMES FINANCIAL CENTER
800 CARILLON PARKWAY
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**ST
KLEINRICHERT, CHRISTA
880 CARILLON PKWY.
ST. PETERSBURG FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

**DP
MOSBY, J. DAVENPORT III
880 CARILLON PKWY.
ST. PETERSBURG FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

**DV
MCDONALD, JOHN M
880 CARILLON PKWY
ST. PETE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

**DV
DINER, RONALD M
880 CARILLON PKWY
ST. PETE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

**AS
PALSHA, GRACE M
880 CARILLON PKWY
ST. PETE. FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with all other like empowered.

SIGNATURE:

[Signature]

J. Davenport Mosby, III 4/20/99 727-573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)