

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 # K68714 (0)

1. Corporation Name

RAYMOND JAMES REALTY ADVISORS, INC.



Principal Place of Business

880 CARILLON PKWY  
P.O. BOX 12749  
ST. PETERSBURG FL 33716  
US

Mailing Address

880 CARILLON PKWY  
P.O. BOX 12749  
ST. PETERSBURG FL 33716  
US

3. Date Incorporated or Qualified  
02/23/1989

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2972426

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 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

NEAL, ALTON R.  
FEATHER SOUND CORPORATE CENTER II  
2 CORPORATE DRIVE, STE. 130  
CLEARWATER FL 34622

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 ~~DV~~ ☐ DELETE  
NAME LEE ALAN G  
STREET ADDRESS 7000 CENTRAL PKWY #1500  
CITY-ST-ZIP ATLANTA GA

TITLE DV ☐ DELETE  
NAME MOSBY, J. DAVENPORT, III  
STREET ADDRESS 880 CARILLON PKWY  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ~~V~~ ☒ DELETE  
NAME ~~KITZINGER, PAUL R.~~  
STREET ADDRESS ~~880 CARILLON PARKWAY~~  
CITY-ST-ZIP ~~ST. PETERSBURG FL~~

TITLE PDC ☐ DELETE  
NAME LOVE J ROBERT  
STREET ADDRESS 7000 CENTRAL PKWY #1500  
CITY-ST-ZIP ATLANTA GA

TITLE ~~ST~~ ☒ DELETE  
NAME ~~LOTZ, BARBARA J.~~  
STREET ADDRESS ~~880 CARILLON PKWY~~  
CITY-ST-ZIP ~~ST. PETERSBURG FL~~

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVST ☒ Change ☐ Addition  
1.2 NAME LEE, ALAN G.  
1.3 STREET ADDRESS 7000 CENTRAL PKWY. #1500  
1.4 CITY-ST-ZIP ATLANTA, GA.

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 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

VICE PRESIDENT

4/25/96

813-573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)