FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

95 MAR -8 AM 10:33

TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # P94000063762 (6)

1. Corporation Name

~~EAGLE INSTITUTIONAL ASSET MANAGEMENT, INC.~~

LIBERTY INVESTMENT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~101 E KENNEDY BLVD~~ ~~SUITE 3700~~ ~~TAMPA FL 33602~~	~~101 E KENNEDY BLVD~~ ~~SUITE 3700~~ ~~TAMPA FL 33602~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1994 — 3a. Date of Last Report:

2. Principal Place of Business
21 2502 Rocky Point Dr.
22 Suite, Apt. #, etc.: Suite 500
23 City & State: Tampa, Florida
24 Zip: 33607 — 25 Country: USA

2a. Mailing Address
26 2502 Rocky Point Dr.
27 Suite, Apt. #, etc.: Suite 500
28 City & State: Tampa, Florida
29 Zip: 33607 — 30 Country: USA

4. FEI Number: 59-3263582 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LUBRANO, ANDREW J
101 E KENNEDY BLVD
SUITE 3700 BARNETT PLAZA
TAMPA FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	C/D Herbert E. Ehlers 2502 Rocky Point Dr., Suite 500 Tampa, Florida 33607	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	P Lincoln Kinnicutt 2502 Rocky Point Dr., Suite 500 Tampa, Florida 33607	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	S/T Sydney D. Goff 2502 Rocky Point Dr., Suite 500 Tampa, Florida 33607	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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 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 added by amendment with my address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Lincoln Kinnicutt, President
Date

0200101 CP