

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 # **P94000082323 (4)**

1. Corporation Name
A. G. EDWARDS TRUST COMPANY



Principal Place of Business: **1501 FIRST STREET SOUTH WINTER HAVEN FL 33880**
 Mailing Address: **1501 FIRST STREET SOUTH WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified: **11/09/1994**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **58-2142981**
 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

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip
 2a. Mailing Address: **26** *One North Jefferson*
27 Suite, Apt. #, etc.
28 *St. Louis, MO*
29 Zip
30 *63103*

9. Name and Address of Current Registered Agent

**Siebe Rawls Fortenberry
 A.G. Edwards
 1501 First Street South
 Winter Haven, FL. 33880**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 date if applicable

Typed Registered Agent signature required when removing

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AVIS, ROBERT G	
STREET ADDRESS	ONE N JEFFERSON AVE	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	GRABISH, RICHARD F	
STREET ADDRESS	ONE N JEFFERSON AVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORTENBERRY, SIEBE R	
STREET ADDRESS	1501 FIRST STREET SO	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, ROBERT E	
STREET ADDRESS	850 PARK SHORE DR - SUITE 100	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORCZ, EUGENE R	
STREET ADDRESS	101 EAST GARDEN	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Douglas L. Kelly	
63 STREET ADDRESS	One North Jefferson	
64 CITY-ST-ZIP	St. Louis, MO 63103	

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 printed in Block 13 with an address.

SIGNATURE: **X** *D. Kelly*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary *4-24-96 (314) 955-3000*
 DATE DAYTIME PHONE #

CR2E034 (12/95)