

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

**ONE NORTH JEFFERSON
ST. LOUIS MO 63103-2205
US**

3. Date incorporated or Qualified

11/09/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. **One North Jefferson**
Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. **St. Louis, Mo**

Zip

Country

24. Zip

Country

29. **63103**

Country

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

9. Name and Address of Current Registered Agent

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

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	DC	<input type="checkbox"/> DELETE
NAME	AVIS, ROBERT G	
STREET ADDRESS	ONE N JEFFERSON AVE	
CITY- ST- ZIP	ST. LOUIS MO	
TITLE	DP	<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	DS	<input type="checkbox"/> DELETE
NAME	KELLY, DOUGLAS L	
STREET ADDRESS	ONE NORTH JEFFERSON	
CITY- ST- ZIP	ST. LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE: X


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

314-955-3000

Day: nite: Phone: #

0403132

CR2E034 (9/96)

A.G. EDWARDS TRUST COMPANY

(Florida)

State of Incorporation: Florida
Date of Incorporation: November 10, 1994

BOARD OF DIRECTORS

Robert G. Avis ✓
Eugene R. Borcz ✓
S. Rawls Fortenberry ✓
Richard F. Grabish ✓
Robert E. Price ✓

OFFICERS

Chairman of the Board - Robert G. Avis
Vice Chairman and President - Richard G. Grabish
Vice President - Mark D. Elrod
Vice President - Kurt D. Longworth
Associate Vice President & Asst. Sec. - Peter J. Oster
Associate Vice President & Asst. Sec. - Gregory R. Ranalletta
Secretary - Douglas L. Kelly

(March 1, 1997)