

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

DOCUMENT # **S88911** (0)
1. Corporation Name
RAYMOND JAMES TRUST COMPANY

APPROVED AND FILED
95 MAY -1 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
ONE PROGRESS PLAZA SUITE 150 ST. PETERSBURG FL 33701 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **880 CARILLON PARKWAY**
22 City & State 27 **P.O. BOX 12749**
23 Zip Country 28 **ST. PETERSBURG, FL.**
24 25 29 **33733-2749** 30

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified **05/28/1992** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-3126074** 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 PARSONS CO.**

9. Name and Address of Current Registered Agent
NOT REQUIRED PURSUANT TO FLORIDA STATUTE CHAPTER 607.0501(2)

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 fee if applicable (201E Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	LYMAN, CURTIS L
STREET ADDRESS	ON PROGRESS PLAZA, #150
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	JULIEN, JEFFREY
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	KIRSCHBAUM, LOUIS
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	S
NAME	PIPPENGER, LYNN
STREET ADDRESS	19500 GULF BLVD. #150
CITY - ST - ZIP	INDIAN ROCKS BCH FL
TITLE	D
NAME	NESS, DAVID E.
STREET ADDRESS	880 CARILLON
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	T
NAME	TREMAINE, THOMAS R
STREET ADDRESS	305 16TH AVE NE
CITY - ST - ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), Florida Statutes. I further certify that the information indicated on the normal 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:  **THOMAS R. TREMAINE** 4/26/95 813-573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR