

.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 # **S88911** (0)

1. Corporation Name
RAYMOND JAMES TRUST COMPANY



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

Mailing Address
**880 CARILLON PKWY.
P.O. BOX 12749
ST. PETE. FL 32733-2749
US**

3. Date Incorporated or Qualified 05/28/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3126074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NOT REQUIRED PURSUANT TO FLORIDA STATUTE CHAPTER 607.0501(2)		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LYMAN, CURTIS L ONE PROGRESS PLAZA, #150 ST. PETERSBURG FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE PROGRESS PLAZA, #150 ST. PETERSBURG, FL. 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JULIEN, JEFFREY 880 CARILLON PARKWAY ST. PETERSBURG FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRSCHBAUM, LOUIS 880 CARILLON PARKWAY ST. PETERSBURG FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PIPPENGER, LYNN 19500 GULF BLVD. #150 INDIAN ROCKS BCH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 880 CARILLON PKWY. ST. PETERSBURG, FL. 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NESS, DAVID E. 880 CARILLON ST. PETERSBURG FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 880 CARILLON PKWY. ST. PETERSBURG, FL. 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TREMAINE, THOMAS R 305 16TH AVE NE ST PETERSBURG FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 880 CARILLON PKWY. ST. PETERSBURG, FL. 33701

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: *Lynn Pippenger* SECRETARY 4/25/96 813-573-3800
DATE DAYTIME PHONE #

CR2E034 (12/95)