

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

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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S88911** (0)  
1. Corporation Name  
**RAYMOND JAMES TRUST COMPANY**

Principal Place of Business <b>ONE PROGRESS PLAZA SUITE 150 ST. PETERSBURG FL 33701 US</b>	Mailing Address <b>880 CARILLON PKWY. P.O. BOX 12749 ST. PETE. FL 32733 US</b>
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3. Date Incorporated or Qualified <b>05/28/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3126074</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <b>FILED BY PARENT COMPANY</b>	

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

9. Name and Address of Current Registered Agent

**NOT REQUIRED PURSUANT  
TO FLORIDA STATUTE  
CHAPTER 607.0501(2)**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	President
NAME	LYMAN, CURTIS L	1.2 NAME	Ness, David E.
STREET ADDRESS	ONE PROGRESS PLAZA, #150	1.3 STREET ADDRESS	One Progress Plaza Ste 150
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	D	2.1 TITLE	
NAME	JULIEN, JEFFREY	2.2 NAME	
STREET ADDRESS	880 CARILLON PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KIRSCHBAUM, LOUIS	3.2 NAME	
STREET ADDRESS	880 CARILLON PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	PIPPINGER, LYNN	4.2 NAME	
STREET ADDRESS	880 CARILLON PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	NESS, DAVID E.	5.2 NAME	
STREET ADDRESS	880 CARILLON PKWY	5.3 STREET ADDRESS	One Progress Plaza Ste 150
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	T	6.1 TITLE	
NAME	TREMAINE, THOMAS R	6.2 NAME	
STREET ADDRESS	880 CARILLON PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	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 on an attachment with an address.

SIGNATURE:

 SIGNATURE RECORDED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

Date

813-573-3800

Daytime Phone

0616351

CR2E034 (9/96)