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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S88911

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1992

2. Principal Place of Business

21 880 Carillon Parkway

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, FL 33726

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 owes the current year Intangible
Personal Property Tax. Filed by Parent Company

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NESS, DAVID E

STREET ADDRESS ONE PROGRESS PLAZA STE 150

CITY-STATE-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME JULIEN, JEFFREY

STREET ADDRESS 880 CARILLON PARKWAY

CITY-STATE-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME KIRSCHBAUM, LOUIS

STREET ADDRESS 880 CARILLON PARKWAY

CITY-STATE-ZIP ST. PETERSBURG FL

TITLE S ☐ DELETE

NAME PIPPENGER, LYNN

STREET ADDRESS 880 CARILLON PKWY

CITY-STATE-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE

NAME NESS DAVID E.

STREET ADDRESS ONE PROGRESS PLAZA STE 150

CITY-STATE-ZIP ST. PETERSBURG FL

TITLE T ☐ DELETE

NAME TREMAINE, THOMAS R

STREET ADDRESS 880 CARILLON PKWY

CITY-STATE-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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, with all other like empowers.

SIGNATURE:

Jeffrey P. Julien

Jeffrey P. Julien 4/20/99 727-573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0411959