

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **632445** (3)

1. Corporation Name
REPUBLIC OIL CO.



Principal Place of Business: **205 SOUTH HOOVER STREET TAMPA FL 33609**
Mailing Address: **205 SOUTH HOOVER STREET TAMPA FL 33609**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. City & State
23. City & State
24. Zip
25. Country
29. Zip
30. Country

3. Date Incorporated or Qualified: **08/10/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1956431**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**HUGHEY, MIKE
205 S. HOOVER STREET
TAMPA FL 33609**

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, as applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD HURST, H.E. <input checked="" type="checkbox"/> DELETE
NAME	HURST, H.E.
STREET ADDRESS	205 S. HOOVER ST.
CITY-ST-ZIP	TAMPA FL
TITLE	PD HUGHEY, MIKE <input type="checkbox"/> DELETE
NAME	HUGHEY, MIKE
STREET ADDRESS	205 S HOOVER ST
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	SD CARTER, SHIRLEY H <input type="checkbox"/> DELETE
NAME	CARTER, SHIRLEY H
STREET ADDRESS	205 S HOOVER ST
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	T RAWLINS, WANITA M. <input type="checkbox"/> DELETE
NAME	RAWLINS, WANITA M.
STREET ADDRESS	205 S. HOOVER ST.
CITY-ST-ZIP	TAMPA FL
TITLE	ASD BROWNE, DAN <input type="checkbox"/> DELETE
NAME	BROWNE, DAN
STREET ADDRESS	205 S. HOOVER ST.
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FARMER, J.D.
1.3 STREET ADDRESS	205 S. HOOVER ST. #400
1.4 CITY-ST-ZIP	TAMPA FL 33609
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	TAMPA, FL 33609
2.4 CITY-ST-ZIP	TAMPA, FL 33609
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	TAMPA, FL 33609
3.4 CITY-ST-ZIP	TAMPA, FL 33609
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	TAMPA FL 33609
4.4 CITY-ST-ZIP	TAMPA FL 33609
5.1 TITLE	V, AS, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	TAMPA, FL 33609
5.4 CITY-ST-ZIP	TAMPA, FL 33609
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 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: *Dan Browne V-P* 4/26/90 (913) 286 2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)