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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	632445
1. Corporation Name	•

REPUBLIC OIL CO.

Mailing Address

Principal Place of Business 205 SOUTH HOOVER STREET

205 SOUTH HOOVER STREET TAMPA FL 33609

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90012 014 ***150.00



205 SOUTH HOOVER STREET	TAMPA FL 33609		DO NOT WRITE IN THIS SPACE			
TAMPA FL 33609			3. Date Incorporated or Qualifed			
•		•	08/10/1979			
			4. FEI Number	Applied For		
2. Principal Place of Business	2a. Mailing Address		59-1956431	Not Applicable		
–	26			\$8.75 Additional		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required		
- 7 : ' '	27		6. Election Campaign Financing	\$5.00 May Be		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees		
-	28		This corporation owes the current year in	tangible		
23 Country	Zip Country		8. This corporation owes the content year. Yes No			
Zip Country	29 30	L	10. Name and Address of New Registered	Agent		
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of the			
9: Name and Address		81 Name	·			
HUGHEY, MIKE	4	82 Street Add	ress (P.O. Box Number is Not Acceptable)	1.5		
205 S. HOOVER STREET	•	02 0	Street Address (1)			
		83	83			
TAMPA FL 33609				85 Zip Code		
	•	84 City	F	1 1 L		
			poration submits this statement for the purpose	of changing its registered		
44 Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-hamed con norized by the corporat	tion's board of directors. I hereby accept the app	Omunem as registered		
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was additional of Section 607.0505, Florida	a Statutes.	•			
agent. I am familiar with, and accept the oblig	adono on promi					
SIGNATURE Signature, typed or printed name of registered ag		egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12		
Signature, typed or printed name of logistics a	ND DIRECTORS	13	ADDITIONS/CHANGES TO STATE	Change Addition		
120	☐ DELETE	1.1 TITLE				
TITLE VD		1,2 NAME				
NAME FARMER, JD		1.3 STREET ADDRESS				
STREET ADDRESS 205 S HOOVER ST #400		1.4 CITY-ST-ZIP		☐ Change ☐ Addition		
CITY-ST-ZIP TAMPA FL	□ DELETE	2.1 TITLE	· .	Chouge Carama		
TITLE PD		2.2 NAME				
NAME HUGHEY, MIKE		2.3 STREET ADDRESS	•			
STREET ADDRESS 205 S HOOVER ST		I		<u> </u>		
CITY-ST-ZIP TAMPA FL	×	2.4 CITY-ST-ZIP		☐ Change ☐ Additio		
TITLE COLUMN SALES	☐ DELETE	3.1 TFLE				
NAME CONTROL CARTER, SHIRLEY H		3.2 NAME		a second		
THE PROPERTY OF THE PROPERTY O	•	3.3 STREET ADDRESS		1962年-劉翰は強權		
TAMP CI		3.4. CITY-ST-ZIP		Change Addition		
	DELETE	4.1 TITLE				
TITLE DAVID DEC MANUTA M		4. 2 NAME		•		
NAME RAWLINS, WANITA M.		4.3 STREET ADDRESS	•			
STREET ADDRESS 205 S. HOUVER ST.		4.4 CTTY-ST-ZIP	<u></u>	☐ Change ☐ Additi		
CITY-ST-ZIP TAMPA FL	☐ DELETE	5.1 TITLE	-	Пония.		
TITLE VASD		5.2 NAME				
NAME BROWNE, DAN		5.3 STREET ADDRESS		•		
STREET ADDRESS 205 S. HOOVER ST.		5.4 CITY-ST-ZIP	<u> </u>			
CITY-ST-ZIP TAMPA FL	Contract	6.1 TITLE		☐ Change ☐ Addit		
TITLE Valuation, do	☐ DELETE	6.2 NAME				
THATCHER, CAROLYN		· .				
AGE C HOOVED ST SHITE	400	6.3 STREET ADDRESS				
STREET ADDRESS 200 5 HOUVER 31, SOITE		6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I furthe lature shall have the same legal effect as if made lature shall have the same legal effect as if made	er certify that the information		

I hereby certify that the information supplied with this limits does not an accurate and that my signature shall have the same legal effect as if made under oath; that I all 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 all 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 all other like this report as required by Chapter 607. Florida Statutes; and that my name appear 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 appear 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 appear 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 appear of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appear of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appear of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607.