

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

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

01-26-1999 90012 014 ***150.00



DO NOT WRITE IN THIS SPACE

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.

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 (26-30)
22. City & State
23. Zip
24. Country

3. Date Incorporated or Qualified: 08/10/1979
4. FEI Number: 59-1956431
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: 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
85. Zip Code: 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Table with 6 rows of officer/director information including titles (VD, PD, SD, T, VASD, V), names, and addresses.

Table with 6 rows for additions/changes to officers and directors, including fields for title, name, street address, and city-st-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 empowered.

SIGNATURE: _____ DATE: 1-5-99 DAYTIME PHONE #: 813 286-23