

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 632445

**Entity Name:** REPUBLIC OIL CO.

**Current Principal Place of Business:**

205 SOUTH HOOVER STREET  
400  
TAMPA, FL 33609

**FILED**  
**Mar 01, 2017**  
**Secretary of State**  
**CC0820025347**

**Current Mailing Address:**

205 SOUTH HOOVER STREET  
400  
TAMPA, FL 33609

**FEI Number: 59-1956431**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILSON, J STYLES ESQ  
205 S. HOOVER STREET #400  
TAMPA, FL 33609 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	D
Name	FARMER, JD
Address	205 S HOOVER ST #400
City-State-Zip:	TAMPA FL
Title	PRESIDENT, DIRECTOR
Name	THATCHER, CAROLYN
Address	205 S HOOVER ST #400
City-State-Zip:	TAMP FL 33609
Title	VP, DIRECTOR
Name	GRANELL, ALLISON
Address	205 SOUTH HOOVER STREET 400
City-State-Zip:	TAMPA FL 33609

Title	VP, DIRECTOR
Name	CARTER, SHIRLEY H
Address	205 S HOOVER ST #400
City-State-Zip:	TAMPA FL 33609
Title	VP, DIRECTOR, SECRETARY
Name	ANGLIN, KIMBERLY
Address	205 SOUTH HOOVER STREET 400
City-State-Zip:	TAMPA FL 33609
Title	VP, DIRECTOR, TREASURER
Name	THATCHER, JONATHAN
Address	205 SOUTH HOOVER STREET 400
City-State-Zip:	TAMPA FL 33609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHIRLEY A CARTER**

**VP**

**03/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date