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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 427587

(1)

SREPUBLIC BANK									
Principal Place	of Business	Mailing Address			*	1 10 DIST BIRIO (1011 10 DET RISE) 10 (10 )	ABI BIEIF GIBII O		iert Billit felt
111 SECOND AVENUE N.E. P.O. BOX 7010 ST PETERSBURG FL 33701		111 SECOND AVENUE N.E. P.O. BOX 7010 ST PETERSBURG FL 33701			Date Incorporated or Qualified	3a. Date o	of Last R	eport	
US		US			06/05/1973	<b>I</b>	05/01/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1			
21		26 111 Second Avenue, NE			59-1463900   Not Appli			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 Suite 300			5. Certificate of Status Desired		<b>-</b>	Additional Required	
City & State	3	City & State			6. Election Campaign Financing		\$5.0	O May Be	
23		28 St. Petersburg, FL			Trust Fund Contribution			d to Fees	
Zip	Country	Zip		ıntry		8. This corporation has liability for		. under s	199.032,
24	25	29 33701	30	Ų,	s		□ No		
	9. Name and Address of Curren	t Registered Agent		241		10. Name and Address of New F	legistered A	gent	
				81	Name				
	KI, JOHN W			82	Street Ac	ddress (P.O. Box Number is Not Acceptat	ole)		
	OND AVENUE N.E.			83					
ST PETERSBURG FL 33701									
				84	City		FL	85 Zi	p Code
familiar wi	th, and accept the obligations of, Sect Sgnature, typed or printed name of registered agent	and title if applicable (N		d Agoni	l signature req	uked when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF		DIRECTO 1 Change	
TITLE	DV	☐ DEFELE	11				L	Lough	☐ YOUNGI
NAME	HEMMER, FRED			NAME	4 DODECE				
STREET ADDRESS	111 SECOND AVENUE NE ST PETERSBURG FL			CITY-S	ADDRESS				
CITY-ST-ZIP TITLE	CDP	[ ] DELETE		ZITLE TITLE	I-ZIP			] Change	Add:tion
NAME	SAPANSKI, JOHN W	<b>_</b>		NAME	l		-		
STREET ADDRESS	111 SECOND AVENUE NE				ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		240	CITY-S	T - ZIP				
TITLE	D	☐ DELETE	3 1	TITLE				) Change	☐ Addition
NAME	HOUGH, WILLIAM R.		321	NAME	ļ				
STREET ADDRESS	100 SECOND AVE S. #800		3 3.	STREET	ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL			CITY-S	1 - ZIP		<del></del>	T Chana	["] Addition
TAILE	D	☐ DELETE		TITLE			L	] Change	Addition Addition
NAME	MORRISON, WILLIAM J		•	NAME	4000500				
STREET ADDRESS	501 REO ST.				ADDRESS				
CITY-ST-ZIP	TAMPA FL	DELETE		CITY - S TITLE	1 - ZIP		r	Change	☐ Addition
TITLE	D MAY, ALFRED T	Doccit		NAME	İ		_		_
NAME STREET ADDRESS	6600 SUNSET WAY		- 1		ADDRESS				
CITY - S1 - ZIP	ST PETERSBURG FL			CITY-S	ļ				
TITLE	VS	DELETE		TITLE		Director	k	Chance	☐ Addition
NAME	BARD, WAYNE			NAME			^		
STREET ADDRESS	111 SECOND AVENUE NE				ADDRESS	Hough, Marla	+		
CITY-ST-ZIP	ST PETERSBURG FL			CITY-S		1826 Meadowood Stree			
44 Ldo herel		with this filing is voluntarily fur				Wa ha so that on stated in 34237 115	3.07(3)(k), Flo	rida Stati	ites. I further

rou mereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in section [19.07(3)(k), Florida Statutes. I further certify that the information indicated on this amount 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 comporation 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 of Block 13 if changed, or ten an attachment with an address.

SIGNATURE:

. Dixound SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/96

(813) 823-7300

CR2E034 (12/95)