2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # 632445 1. Entity Name REPUBLIC OIL CO.								04-26-2004 90516 028 ***150.00					
Principal Place of Business				Mailing Address									
205 SOUTH HOOVER STREET TAMPA, FL 33609				205 SOUTH HOOVER STREET TAMPA, FL 33609				((b ana anas	040573			ilėnių ir anni	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04212004	Chg-P	CR2E03	34 (10/03)		
City & State				City & State				4. FEI Number 59-1956				oplied For ot Applicable	
Zip	Country			Zip	try		5. Certificate of	of Status Desired		8.75 Add ee Require			
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
HUGHEY, MIKE 205 S. HOOVER STREET							Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33609									·	·'·			
										FL	Zip Cod	e	
8. 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. If am familiar with, and accept the obligations of registered agent.													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.								00 May Be ed to Fees					
10.		OFFICERS AN	D DIRE	DIRECTORS 11.			,	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	VD FARMER ID			☐ Delete III							Changé	☐ Addition	
NAME STREET ADDRESS	FARMER, JD 205 S HOOVER ST #400			NAM Stre									
CITY-ST-ZIP	TAMPA, FL			CITY									
TITLE	PD			☐ Delete							Change	Addition	
NAME	HUGHEY, MIKE			NAM			!						
STREET ADDRESS CITY-ST-ZIP	205 S HOOVER ST TAMPA, FL					ET ADDRESS -ST-ZIP							
TITLE	SD		☐ Delete	TITL						☐ Change	Addition		
NAME	1	, SHIRLEY H			NAM	E					_ •	_	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS							
TITLE	TAMP, FL					-ST-ZIP					⊘ Change	Addition	
NAME		S, WANITA M.		Delete E	TIT <u>L</u> I NAM		00	mlun	Thate	her	⊠ Change	L_J AUDISON	
STREET ADDRESS	205 S. HC	DOVER ST.			STRE	ET ADDRESS		avign	,	-•		;	
CITY-ST-ZIP	TAMPA, F	EL .			CITY	-ST-ZIP							
TITLE	VPD'	ED CADOLVN		☐ Delete	TITL						☐ Change	☐ Addition	
NAME THATCHER, CAROLYN STREET ADDRESS 205 S HOOVER ST, SUITE 400			0		NAM STRE	et address							
CITY-ST-ZIP	TAMPA, F					-ST-ZIP						į	
TITLE				☐ Delete	TITL	E	Dic	ector.	,		Change	Addition	
NAME STREET ADDRESS					NAM		Eve	lyn Hu	shey Blu	id Une	~		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP			000 1010 10 1000	iu FU i	<u>ب</u>		
12. 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 report or supplemental 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 10 or Block 11 if												nformation	
indicated of the cor changed,	on this repo poration or t or on an atta	rt or supplemental repor he receiver or trustee en achment with an addres:	t is true ipowere s _w with a	and accurate and that : d to execute this report It other like empowered	my signa t as requi !,	ture shall h red by Cha	apter 607	same legal effect , Florida Statutes	as it made under on the control of t	oath; that I ar e appears in	n an officer Block 10 o	or director r Block 11 if	

SIGNATURE AND TYPED OF PRINTED HAME OF SUSTAINED OFFICER OR DIRECTOR

SIGNATURE: __