

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841175

(3)

1. Corporation Name

REPUBLIC MANAGEMENT, INC.



Principal Place of Business

Mailing Address

2550 GRAY FALLS ROAD, SUITE 400
HOUSTON TX 77077

2550 GRAY FALLS ROAD, SUITE 400
HOUSTON TX 77077

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/01/1978

3a. Date of Last Report

03/21/1995

4. FEI Number

74-1961601

Applied for
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Corporation Officer or Director (If Agent, Signature Required When First Registered)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDC
GOLDSTEIN, SHELDON I.
2550 GRAY FALLS, #400
HOUSTON TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JOHNSON, JOHNNIE R.
2550 GRAY FALLS, #400
HOUSTON TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKER, RICHARD E.
2550 GRAY FALLS, #400
HOUSTON TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
COSTA, GAIL S.
2550 GRAY FALLS, #400
HOUSTON TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that if 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Johnnie R. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnnie R. Johnson

6/18/96

(713)443-2900