FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F25606** **(7)**

1. Corporation Name

REPUBLIC ASSET MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
223 OFFICE PLAZA DRIVE TALLAHASSEE FL ~~32302~~	P.O. BOX 10608 TALLAHASSEE FL 32302-2608

3. Date Incorporated or Qualified: **03/17/1981**
3a. Date of Last Report: **07/25/1995**
4. FEI Number: **59-2120129** ☐ 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 subject for corporate tax under s. 220.032, Florida Statutes: ☐ Yes ☒ ~~No~~

	2. Principal Place of Business	2a. Mailing Address
21	223 Office Plaza Dr.	P.O. Box 10608
Suite, Apt. #, etc.	22	27
City & State	23 Tallahassee, Florida	28 Tallahassee, Florida
Zip / County	24 32301 / 25 Leon	29 32302-2608 / 30 Leon

9. Name and Address of Current Registered Agent

BAUGUESS, MILTON V, CLU
223 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 608.406, 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. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	PEIRCE, ROBERT V		2 NAME	
STREET ADDRESS	2948 BLAIRSTONE CT		3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	BAUGUESS, MILTON V.		2 NAME	
STREET ADDRESS	526 MC DANIEL STREET		3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	PACE, W A		2 NAME	
STREET ADDRESS	315 STARMOUNT DRIVE		3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	CAPPS, MARILYN R.		2 NAME	
STREET ADDRESS	2011 SEMINOLE DRIVE		3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	LONGMAN, BRUCE C		2 NAME	
STREET ADDRESS	2850 CHUMLEIGH CIR		3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, CAROL E.		2 NAME	
STREET ADDRESS	420 E PARK AVE		3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate, 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 in Block 12 or Block 13 with an indication for the filing of this report.

SIGNATURE: Milton V. Bauguess CLU — 4-10-96 (904)656-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone

CR2E034 (12/95)