


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 223 OFFICE PLAZA DR TALLAHASSEE FL 32301 US		Mailing Address P.O. BOX 10808 TALLAHASSEE FL 32302-2808 US	
2. Principal Place of Business 21 155 Office Plaza DR. Suite, Apt. #, etc. 22 9A		2a. Mailing Address 26 155 Office Plaza DR. Suite, Apt. #, etc. 27 9A	
City & State 23 Tallahassee, FL 32301 Zip Country 24 32301 25 US		City & State 28 Tallahassee, FL 32301 Zip Country 29 32301 30 US	
3. Date Incorporated or Qualified 03/17/1981		3a. Date of Last Report 04/15/1996	
4. FEI Number 59-2120129		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BAUGUESS, MILTON V 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 Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Milton V. Bauguess, CEO <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME PEIRCE, ROBERT V STREET ADDRESS 2948 BLAIRSTONE CT CITY-ST-ZIP TALLAHASSEE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> DELETE NAME BAUGUESS, MILTON V. STREET ADDRESS 526 MC DANIEL STREET CITY-ST-ZIP TALLAHASSEE FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME PAGE, W A STREET ADDRESS 315 STARMOUNT DRIVE CITY-ST-ZIP TALLAHASSEE FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME CAPPS, MARILYN R. STREET ADDRESS 2011 SEMINOLE DRIVE CITY-ST-ZIP TALLAHASSEE FL	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME LONGMAN, BRUCE C STREET ADDRESS 2850 CHUMLEIGH CIR CITY-ST-ZIP TALLAHASSEE FL	9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	10.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE NAME JACKSON, CAROL E. STREET ADDRESS 420 E PARK AVE 2241 W. Pensacola CITY-ST-ZIP TALLAHASSEE FL	11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP	12.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12.2 NAME Camille A. Tate 12.3 STREET ADDRESS 2241 W. Pensacola St. Apt 60 12.4 CITY-ST-ZIP Tallahassee, FL 32304	
14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Milton V. Bauguess, CEO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-3-96 (904) 656-3400 <small>Date Daytime Phone #</small>	

CR2E034 (9/96)