

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90191 036 ***150.00

DOCUMENT # F25606

1. Corporation Name

REPUBLIC ASSET MANAGEMENT CORPORATION

Principal Place of Business

155 OFFICE PLAZA DR
TALLAHASSEE FL 32301
US

Mailing Address

P.O. BOX 10608
TALLAHASSEE FL 32302-2608
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1981

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BAUGUESS, MILTON V
155 OFFICE PLAZA DR
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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PEIRCE, ROBERT V
STREET ADDRESS 2948 BLAIRSTONE CT
CITY-STATE-ZIP TALLAHASSEE FL ☐ DELETE

TITLE PD
NAME BAUGUESS, MILTON V.
STREET ADDRESS 526 MC DANIEL STREET
CITY-STATE-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D
NAME PACE, W A
STREET ADDRESS 315 STARMOUNT DRIVE
CITY-STATE-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D
NAME CAPPS, MARILYN R.
STREET ADDRESS 2011 SEMINOLE DRIVE
CITY-STATE-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D
NAME LONGMAN, BRUCE C
STREET ADDRESS 2850 CHUMLEIGH CIR
CITY-STATE-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D
NAME BRADFORD, SUSAN
STREET ADDRESS 5739 ETOWAH CT
CITY-STATE-ZIP TALLAHASSEE FL 32303 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE P/D
2.2 NAME BAUGUESS, MILTON V.
2.3 STREET ADDRESS 2011 SEMINOLE DRIVE
2.4 CITY-STATE-ZIP TALLAHASSEE, FL 32301 ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99 (850) 656-3402

CR2E034 (1/98)