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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084517

1. Corporation Name

REPUBLIC BANCSHARES, INC.

Pri	ncipal Pla	ce of Bus	siness	
111	CECOND	AVENUE	AIC	

Mailing Address

111 SECOND AVENUE, NE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90046 005 ***150.00



2. Principal Place of Business	ST. PETERSBURG FL 33701-3434 ST. PETERSBURG FL 33701-3			3434		DO NOT WRITE IN THE COM	.cr					
2. Principal Place of Business						DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 2a Mailing Address 2a Suite, Apt. #, etc. 2a Suite, Apt. #, etc. 2b Suite, Apt. #, etc. 27 5c Cardical of Status Desirind \$8.75 Additional \$8.75 Additional												
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City & State City & State City Country Zip	—					P Contiferts of Status Desired						
28	22					A Flexion Compaign Singpoing						
Zip Country Zip Country Zip Country S. This corporation owes the current year Intanglible Personal Property Tax Yes No No No No No No No N	·											
28					rv							
9. Name and Address of Current Registered Agent HUNTER, CHRISTOPHER M 111 SECOND AVENUE, NE ST. PETERSBURG FL 33701 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 epipolishered strength with, and accept the obligations of, Sections 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0502, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP ODELETE 11. SECOND AVENUE, NE 11.		_ ′			•							
HUNTER, CHRISTOPHER M 111 SECOND AVENUE, NE ST. PETERSBURG FL 33701 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 Statutos, 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 heraby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Plorida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Plorida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Plorida. Statutos, the above-named corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Plorida. Statutos, the above-named corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Plorida. Statutos, the corporation's board of directors. I heraby accept the appointment as registered agent, or both and accept the obligations of Plorida. Statutos, the corporation's board of directors. I heraby accept the appointment as registered agent, or both and accept the obligations of Plorida. Statutos, the corporation's board of directors. I heraby accept the appointment as registered agent, or both and accept the obligations of Plorida. Statutos, the corporation's board of directors. I heraby accept the appointment as registered agent, or both and accept the obligations of Plorida. Statutos, the corporation's board of directors. I heraby accept the appointment as registered agent, or board of directors. I heraby acce	24			,,,			nt					
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SIGNATURE Signature, typed or printed name of registered Apent and talle if applicable. (NOTE Registered Apent algunture required when reinstating) DATE	office or re	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Therapy accept the appointment as regions a										
12. OFFICERS AND DIRECTORS DP	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
12.	SIGNATURE	Slogature typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Ag	ent signature	required when reinstating) DATE						
TITLE				13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12				
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TITLE				1.4 CITY	-ST-ZIP	l .						
NAME							Change	Addition XX				
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ST. PETERSBURG FL 33701 2.4 city-st-zip St. Petersburg				2.2 CTDEET ADDDECC		•						
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CITY-ST-ZIP ST. PETERSBURG FL 33701 64 CITY-ST-ZIP St. Petersburg, FL 33701				6.4 CITY	-ST-ZIP	St. Petersburg. FL 33701						

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 changes, on an arachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Opytime Phone #