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**Apr 24 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 # P94000074951 (2)

1. Corporation Name
RUBADUB, INC.



Principal Place of Business: **220 EAST FORSYTH STREET JACKSONVILLE FL 32202**
Mailing Address: **220 EAST FORSYTH STREET JACKSONVILLE FL 32202-3320**

3. Date Incorporated or Qualified: **10/10/1994**
3a. Date of Last Report: **02/15/1996**

2. Principal Place of Business
21. **222 E. FORSYTH ST**
22. Suite, Apt. #, etc.:
23. City & State: **JAX FL.**
24. Zip: **32202** 25. Country: **USA**

2a. Mailing Address
26. **222 E. FORSYTH ST**
27. Suite, Apt. #, etc.:
28. City & State: **JAX FL**
29. Zip: **32202** 30. Country: **USA**

4. FEI Number: **59-3289287**
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

9. Name and Address of Current Registered Agent
**HARRIS, JACK C
220 EAST FORSYTH STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **222 E. FORSYTH ST**
83. City, State, Zip: **JAX FL 32202**
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:  **JACK C. HARRIS** DATE: **4/16/97**
5. Type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TUREMAN, JOHN I
STREET ADDRESS	2970 OAK STREET
CITY - ST - ZIP	JACKSONVILLE FL 32205
TITLE	D <input type="checkbox"/> DELETE
NAME	BECKHAM, ROBERT M
STREET ADDRESS	2907 RIVERSIDE AVENUE
CITY - ST - ZIP	JACKSONVILLE FL 32205
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRIS, JACK C
STREET ADDRESS	220 EAST FORSYTH STREET
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	222 E. FORSYTH ST
2.4 CITY - ST - ZIP	JAX FL 32202
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	222 E. FORSYTH ST
3.4 CITY - ST - ZIP	JAX FL 32202
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	

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:  **J. C. HARRIS** DATE: **4/16/97** DAYTIME PHONE #: **904 354-6465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)