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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

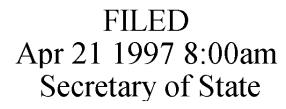
1997 **DOCUMENT** #

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## **PERFORMANCE RUBBER ENTERPRISES CORPORATION**

Principal Place of Business 1623 CAPITAL CIRCLE NORTHEAST Mailing Address

1623 CAPITAL CIRCLE NORTHEAST





TALLAHASSE	FL 32308	TALLAHASSEE FL 32308	-5501					
Y Y					04/03/1973 04/1		e of Last Report 12/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26		59-1453694		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat 23	е	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr 30	y 	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent		γ-:	10. Name and Address of New Re	gistered Agen	t	
162	HHTOWER, WILLIAM N. JR 13 CAPITAL CIRCLE NORTHEAST	r	81		dress (P.O. Box Number is Not Acceptab	le)		
TÁL	LAHASSEE FL 32308		63	·				
,			84	City		FL 85	Zip Code	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obligation of the obligation o	of Florida. Such change was ations of, Section 607.0505, F	authorized b lorida Statute	y the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep- uited when reinstating:	ot the appointm	ent as registered	
12.	OFFICERS AND		13.	en bignato e req	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PD	☐ DELETE	1.1 70TLE				hange Addition	
NAME :	HIGHTOWER, WILLIAM N JR		1.2 NAME					
STREET ADDRESS	2020 EINDIANHEAD DRIVE		1.3 \$1REE	I ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 0		1.4 CHY-	S1 - ZIP				
TITLE	STD	☐ DELETE	2.1 TITLE				hange Addition	
NAME	PURVIS, JAMES W III		2.2 NAME					
STREET ADDRESS	2111 OLIVIA DRIVE		2.3 STREE	I ADDRESS				
CITY-\$T-ZIP	TALLAHASSEE, FL 0	T prieté	2. 4 CITY -	\$1-2IP				
TITLE	VD   Hightower, William N.,II	∭ DCLET€	3.1 11116				hange	
NAME DIDECT ADDRESS	CARRLANE WAY		3.2 NAME	1 ADDRESS				
STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE, FL 00000		3.3 STREE 3.4. CITY -					
TITLE	7722 40 10022, 12 0000	DOLETE	4.1 TITLE	31.21			hange Addition	
NAME			4. 2 NAME				·····	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			4.4 CIT	ST - ZIP				
TITLE		☐ DELETE	5.1 ₹(1				hange Addition	
NAME '			5.2 NA					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		Deleve		ST - ZIP	<del></del>		hanga Additi	
TITLE		☐ DELETE	61111				hange	
NAME			6 2 NA	. 40000000				
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			6.4 CIT	S1-71 <sup>P</sup>				

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 alcurate 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 truster ompowered 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 all chamnel with an address