

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **483636** (7)

1. Corporation Name
RUBBER & SPECIALTIES, INC.



Principal Place of Business Mailing Address
**MARCUS POINTE COMM PK CIRCLE
5011 COMMERCE PARK CIRCLE
PENSACOLA FL 32505
US** **PO BOX 8266
PENSACOLA FL 32505
US**

2. Principal Place of Business 2a. Mailing Address
21. 26. Suite, Apt. #, etc.
22. 27. City & State
23. 28. City & State
24. 29. Zip Country 30. Country

3. Date Incorporated or Qualified: **09/02/1975** 3a. Date of Last Report: **02/27/1995**
4. FEI Number: **59-1618989** 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

**COOK, CHARLES H.
5011 COMMERCE PARK CIRCLE
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0102 and 607.1509, 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. Said change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETED
NAME	COOK, CHARLES M.	
STREET ADDRESS	5011 COMMERCE PARK CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> DELETED
NAME	COOK, CHARLES H.	
STREET ADDRESS	5011 COMMERCE PARK CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETED
NAME	LENTZ, MICHEAL C.	
STREET ADDRESS	5011 COMMERCE PARK CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing voluntarily furnished and due that appears for the exemptions listed in Section 119.07(2)(a), Florida Statutes. I further certify that the information included in this filing is a true and accurate report or supplemental annual report as far as I am concerned 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 resident or trustee as required to be included in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment to an address.

SIGNATURE: *Charles H. Cook* 4-2-96 904-478-9778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)