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PROFIT
CORPORATION
ANNUAL REPORT



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

1996-27-96

B-0822 C
(2)

DOCUMENT # 527119

1. Corporation Name:

GOODYEAR GASKET PRODUCTS, INC.



Principal Place of Business

4700 SW 51ST STREET #210
DAVIE FL 33314

Mailing Address

4700 SW 51ST STREET #210
DAVIE FL 33314

3. Date Incorporated or Qualified

03/04/1977

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANKENSHIP, SUZANNE K
3372 NE 42ND CT
FT LAUDERDALE FL 33308

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 of Registered Agent or Officer or Director of the corporation

Signature of Registered Agent or Officer or Director of the corporation

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

STD

NAME

BLANKENSHIP, SUZANNE

STREET ADDRESS

3372 NE 42ND CT

CITY, ST, ZIP

FT LAUDERDALE FL

2. TITLE

PD

☐ DELETE

NAME

SUNDBERG, CLYDE

STREET ADDRESS

11907 SW 55TH ST

CITY, ST, ZIP

COOPER CITY FL

3. TITLE

VPD

☐ DELETE

NAME

BLANKENSHIP, EUGENE R.

STREET ADDRESS

3372 N.E. 42ND COURT

CITY, ST, ZIP

FT. LAUDERDALE FL

4. TITLE

V

☐ DELETE

NAME

SUNDBERG, ANDREW

STREET ADDRESS

10220 GROVE LANE

CITY, ST, ZIP

COOPER CITY FL

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

954-581-1800

CR2E034 (12/95)