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Jan 17 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 # 527119 (2)

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 33314-5500



3. Date Incorporated or Qualified: 03/04/1977
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number:

59-1740799

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:

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

10. Name and Address of New Registered Agent:

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: STD ☐ DELETE

NAME: BLANKENSHIP, SUZANNE
STREET ADDRESS: 3372 NE 42ND CT
CITY-ST-ZIP: FT LAUDERDALE FL

TITLE: PD ☐ DELETE

NAME: SUNDBERG, CLYDE
STREET ADDRESS: 11907 SW 55TH ST
CITY-ST-ZIP: COOPER CITY FL

TITLE: VPD ☐ DELETE

NAME: BLANKENSHIP, EUGENE R.
STREET ADDRESS: 3372 N.E. 42ND COURT
CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: V ☐ DELETE

NAME: SUNDBERG, ANDREW
STREET ADDRESS: 10220 GROVE LANE
CITY-ST-ZIP: COOPER CITY FL

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Suzanne K. Blankenship SUZANNE K. BLANKENSHIP 1-10-97 (954) 581-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)