

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

FILED
Apr 15 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 # 810163 (6)
 1. Corporation Name
GOODALL RUBBER COMPANY



Principal Place of Business Mailing Address
QUAKERBRIDGE EXECUTIVE CTR.
SUITE 203, GROVERS MILL RD.
LAWRENCEVILLE NJ 08648 **QUAKERBRIDGE EXECUTIVE CTR.**
SUITE 203, GROVERS MILL RD.
LAWRENCEVILLE NJ 08648

2. Principal Place of Business		2a. Mailing Address	
21	100 LUDLOW DRIVE	26	100 LUDLOW DRIVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	City & State	27	City & State
23	EWING NJ	28	EWING NJ
24	Zip 08638	29	Zip 08638
25	Country USA	30	Country USA

3. Date Incorporated or Qualified 01/18/1955	3a. Date of Last Report 04/25/1996
4. FEI Number 21-0593815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKA, JOSEPH	1.2 NAME	
STREET ADDRESS	119 MILBOB DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	IVYLAND PA	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, THOMAS	2.2 NAME	
STREET ADDRESS	21 BRYAN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHBORO PA	2.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, DONALD	3.2 NAME	
STREET ADDRESS	623 PARSON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON NJ	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Donald A. Stout* **QUAKERBRIDGE EXECUTIVE CTR.** **DATE** **4/1/97** **DEPT. PHONE #** **(609) 406 0205**

CR2E034 (9/96)