

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 843990 (3)

1. Corporation Name

OLIVER RUBBER COMPANY



Principal Place of Business

**165 DOUGHERTY ST.
ATHENS GA 30601
US**

Mailing Address

**2401 S GULLEY RD.
ATTN: DANA RAWSON-TAX
DEARBORN MI 48124
US**

3. Date Incorporated or Qualified
07/26/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 2401 S. Gulley Rd
27 Suite, Apt. #, etc.
28 Attn: Tax Department
29 City & State
30 Dearborn, MI
31 Zip
32 48124
33 Country
34 U.S.

4. FET Number

94-0732150

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

10. Name and Address of New Registered Agent

9. Name and Address of Current 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

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 of the corporation

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	☐ DELETE
NAME	WOODLAND, J.D., JR.	
STREET ADDRESS	165 DOUGHERTY ST.	
CITY-STATE-ZIP	ATHENS GA	
TITLE	VD	☐ DELETE
NAME	FARR, R. EUGENE	
STREET ADDRESS	165 DOUGHERTY ST.	
CITY-STATE-ZIP	ATHENS GA	
TITLE	VS	☐ DELETE
NAME	SNOW, RALPH M. JR.	
STREET ADDRESS	165 DOUGHERTY ST.	
CITY-STATE-ZIP	ATHENS GA	
TITLE	T	☐ DELETE
NAME	CLAUS, WALTER B.	
STREET ADDRESS	165 DOUGHERTY ST.	
CITY-STATE-ZIP	ATHENS GA	
TITLE	VD	☐ DELETE
NAME	REID, J.S., JR.	
STREET ADDRESS	2401 S GULLEY RD.	
CITY-STATE-ZIP	DEARBORN MI	
TITLE	AT	☐ DELETE
NAME	NAGY, CHARLES	
STREET ADDRESS	2401 S GULLEY RD.	
CITY-STATE-ZIP	DEARBORN MI	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(313) 561-1100
Daytime Phone #

CR2E034 (12/95)