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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # F

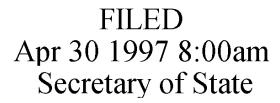
F57498

(0)

RUBBER APPLICATIONS, MAINTENANCE AND COATINGS, I

Principal Place of Business 400 LEVY RD ATLANTIC BCH FL 32233 Mailing Address

400 LEVY RD ATLANTIC BCH FL 32233-2614





| ATLANTIC BCH FL 32233 US | | ATLANTIC BCH FL 32233-2618 US | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---------------------------------------|---|--------------------------------------|---|---|----------------------------------|
| | | | | 12/07/1981 | 04/29/1996 |
| 2. Principal P | hace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | | 330505 | 59-2141329 | Not Applicable |
| Suite, Apt | #, efc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | e | City & State 28 A + Ign + ic G | Beach, FL | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zφ | Country |] Zip } | Country | 8. This corporation has liability for i | ntangible tax under s. 199.032, |
| 24 | 25 | | 30 US | | Yes No |
| / | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| | NDERSON, KENNETH G. | | 61 Name | | |
| | 801 GULF LIFE DRIVE, SUITE 25 | 40 | 82 Street Add | ress (P.O. Box Number is Not Acceptab | ile) |
| JA | ACKSONVILLE FL 32207 | | | | |
| | | | 83 | • | |
| | | | 84 City | | 85 Zip Code |
| | | | Ony | | FL 103 Zip 3000 |
| office or r agent. La SIGNATURE | | | uthorized by the corporal rida Statutes. | tion's board of directors. I hereby accep | of the appointment as registered |
| | Stgrusser, type for pooled name of registered ago | | Registered Agent signature requi | | DATE DISCOVERY |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| THILF | FOWLER, LLOYD BUCK | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAM: | 400 LEVY RD | | 1.2 NAME | | |
| STREEL ADDRESS | 1 11 | • | 1.3 STREET ADDRESS | | |
| CHY-51 ZIP | ATLANTIC BCH, FL 00000 | | 1.4 CITY-ST-ZIP | | |
| 1111.6 | CD DODGOT W | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | FOWLER, ROBERT W | | 2.2 NAME | . . | |
| STREET ADDRESS | 400 LEVY RD | | 2.3 STREET ADORESS | • | |
| CHY ST-7F | ATLANTIC BCH, FL 00000 | T ociett | 2. 4 CITY-ST-ZIP | | |
| HILL | DS COUNTR OF | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | FOWLER, CT 400 LEVY RD | | 3.2 NAME | | |
| STREET ADDRESS | ATLANTIC BCH, FL 00000 | | 3.3 STREET ADDRESS | | |
| CHY ST-7P | ALLANIE BUT, PL 0000 | T DELETE | 3 4. CITY-ST-ZIP | | Observe Total And Pro- |
| HILE | ļ | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADURESS | | | 4.3 STREET ADDRESS | | |
| CHY-ST-26 | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ACCORESS | | | 5.3 STREET ADDRESS | | |
| CID - S*- 712 | | · . | 54 CITY-ST-ZIP | | |
| THELE | | ☐ DELETE | 61 TITLE | | Change Addition |
| NAM: | | | 62 NAME | | • |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| COTY ST. ZIP | | | 6.4 CITY-ST-ZIP | | |
| 14 Ldo noto | by earthy that the information curville | od with this filing done not qualify | y for the exemption state | d in Section 119 07(3)(i) Florida Statute | s 1 further certify that the |

I do nereby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25-197 246-488