

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 APR -7 AM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F93000005870 (1)**

1. Corporation Name  
**RUBBERCRAFT, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 593848 ORLANDO FL 32859** **P.O. BOX 593848 ORLANDO FL 32859**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/27/1993** 3a. Date of Last Report **02/15/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>31-0730161</b>		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BEGLEY, JAMES A 9113 BACHMAN RD. ORLANDO FL 32824</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 Zip Code			
				<b>FL</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEGLEY, JAMES A</b>	2. NAME	
STREET ADDRESS	<b>9113 BACHMAN RD.</b>	3. STREET ADDRESS	
CITY- ST- ZIP	<b>ORLANDO FL 32824</b>	4. CITY- ST- ZIP	
TITLE	<b>VD</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEGLEY, THOMAS G</b>	22. NAME	
STREET ADDRESS	<b>9113 BACHMAN RD.</b>	23. STREET ADDRESS	
CITY- ST- ZIP	<b>ORLANDO FL 32824</b>	24. CITY- ST- ZIP	
TITLE	<b>STD</b>	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUM, SUSAN</b>	32. NAME	
STREET ADDRESS	<b>9113 BACHMAN RD.</b>	33. STREET ADDRESS	<b>GENEVA D. GAINES</b>
CITY- ST- ZIP	<b>ORLANDO FL 32824</b>	34. CITY- ST- ZIP	<b>9113 BACHMAN RD. ORLANDO, FL 32824</b>
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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 in cursive script. I am an officer or director of the corporation or the receiver or trustee or person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE: *James A. Begley* 4/3/95  
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR