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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005870 (1)

RUBBERCRAFT, INC.

## **FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 198198 1119 18188 11111 8811		1461 B1181 18111 18	BH 08H 1991
P.O. BOX 590	3848	P.O. BOX 593848	P.O. BOX 593848					
ORLANDO FL 32859		ORLANDO FL 32858			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qua		<del></del>	
					12/27/1993	2.11.00		
9 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		- I Ar	oplied For
<del></del>		26			**	31-0730161 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			112		\$8.75	
22		27			5. Certificate of Status Desi-	red 🗌	Fee Re	
City & State		City & Stato			6, Election Campaign Finan	cina	\$5.00	May Be
23		28			Trust Fund Contribution		Added	
Zip Country		Zip Country			8. This corporation owes or	has paid the cu	rrent year Int	angible
24	25	29	30		Personal Property Tax du			] No
	9. Name and Address of Current				10. Name and Address of h	łew Registered	Agent	
RE	GLEY, JAMES A			Name				
9113 BACHMAN RD.			l.	32 Street Add	fress (P.O. Box Number is Not Ad	ccentable)		
ORLÁNDO FL 32824				Sileet Aud	ireas (1.0. box rumbor is not zic	ocepiaolo,		
VI.			ļī	33				
			L,	24 00			les Zie	Codo
			'	B4 City		Fl	_ <b> 85</b>   Zip (	Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove-named cor	poration submits this statement f	or the nurnose i	of changing it	ts registered
office or re agent. I ar	o the provisions of Sections 607.0002 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505, Fl	authorized orida Statu	by the corpora ites.	ation's board of directors. I hereb	y accept the ap	pointment as	registered
SIGNATURE	Signature, typeo or printed name of registered ages	the and title of encourage able (NIC)	F: Renistered	Agent signst ire ren	uired when reinstating)	DATE		
12.	OFFICERS AND		13.	ngen; agnalure requ	ADDITIONS/CHANGES TO		D DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 7(1)	£ T.	100111011010111111111111111111111111111		Change	Addition
NAME	BEGLEY, JAMES A		1.2 NAN					
STREET ADDRESS	9113 BACHMAN RD.			EE1 ADDRESS	•			
	ORLANDO FL 32824		i i	Y-ST-ZIP				
CITY-ST-ZIP TITLE	VD DELETE		2.1 TITL				Change	Addition
	BEGLEY, THOMAS G		2.2 NAM					
NAME	9113 BACHMAN RD.			EET ADDRESS				
STREET ADDRESS			2.4 CITY-ST-ZIP					
CITY-ST-ZIP	ORLANDO FL 32824		2. 4 CH				Change	Addition
TITLE	_		1					
NAME	GAINES, GENEVA D		3 2 NAM					
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP	ORLANDO FL	DELETE	3 4. CII	Y-ST-ZIP			Change	☐ Addition
TITLE			1				590	
NAME			4 2 NA	Į.				
STREET ADDRESS				EE1 ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CIT	Y-ST-ZIP		-	Change	Addition
TITLE		U VELETE	. I					LL FROM
NAME			5.2 NAM	1				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	Del est			Y-ST-ZIP			☐ Change	Addition
TITLE	DELETE		6.1 TITI	ł .			— ∩ wange	Aumuoii
NAME			6.2 NA	1				
STREET ADDRESS			6.3 STA	REET ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	0-0-4007000 50-0	Line I di alla con	المراجع المراجع المراجع	information
14. I hereby o	ertify that the information supplied w	th this filing does not qualify t	or the exe	mption stated i	n Section 119.07(3)(i), Florida Sta	atutes i further o	entity 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 of 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.

4/27/98