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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherinø Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400000253

Corporation Name

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90167 023 ***150.00

TRI-STATE INDUSTRIAL RUBBER, INC.) 				
Principal Place	e of Business	Mailing Address			1 1001100 1114	(BISI BIGII ADIII BBISI BBSI BBIII		B1166 IE11 [66]	
P.O. BOX 7045 DOTHAN AL 36302-7045 P.O. BOX 7045 DOTHAN AL 36302-7045						DO NOT WRITE IN THIS SPACE			
	•				3. Date Incorporate	ed or Qualifed			
					01/19/1994			ļ	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address				Ap	plied For	
21	•	26						t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			atus Desired	\$8.75 A		
22		27					Fee Re		
City & State		City & State				ign Financing	*5:00		
23		28			Trust Fund Con		Added to	o Fees	
Zip Country Zip			<u> </u>	•		8. This corporation owes the current year Intangible Personal Property Tax.			
24	25 29 30 30			-		ress of New Registered			
Name and Address of Current Registered Agent									
ROWELL, JERRY				د	Susan Price	san Price			
140	-	82	82 Street Address (P.O. Box Number is Not Acceptable)				ļ		
-PAN	AMA CITY BEACH FL 32408		83		SUS TALOFFICE.	OFIND			
			L						
•			84	City	Sothan	AL FI	85 Zip C	301	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					corporation submits this sta	tement for the purpose of	changing its	registered	
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		10100)				4/15/99		1	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Age	nt signature r	required when reinstating)	DATE			
12.		ID DIRECTORS	_13.		ADDITIONS/CHA	ANGES TO OFFICERS A		RS IN 12	
TITLE	SD	C DELETE	1.1 TITLE				☐ Change		
NAME	PRICE, SUSAN		1.2 NAME						
STREET ADDRESS	1503 TACOMA DRIVE			TADDRESS				1	
CITY-ST-ZIP	DOTHAN AL	□ DELETE	1.4 CITY-S	T-ZIP			Change	Addition	
TITLE	PDCT HAMES B	□ pereie	2.1 TITLE				[_] Gridinge		
NAME	PRICE, JAMES R		2.2 NAME	* + >>>>	ļ				
STREET ADDRESS	000 // 100 111 1 1 1 1 1 1 1 1 1 1 1 1 1			TADDRESS				Į	
CITY-ST-ZIP			2. 4 CITY-1	51-ZIP			Change	Addition	
	, , , , , , , , , , , , , , , , , , ,		3.2 NAME					_	
NAME STREET ADDRESS				TADORESS					
DOTIMAL AL			3.4. CITY-1		ļ			Ì	
CITY-ST-ZIP TITLE	DVIIDII AL	DELETE	4.1 TITLE	y 4-31			Change	Addition	
NAME		_	4. 2 NAME					1	
STREET ADDRESS			l	TADDRESS	1			1	
CITY-ST-ZIP			4.4 CITY-S					1	
TITLE	<u> </u>	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	•		5.2 NAME					1	
STREET ADDRESS	,		5.3 STREE	TADDRESS				1	
CITY-ST-ZIP		5.4 (T-ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP					

14. I 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 apprecs, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED MAME OF SIGNING OFFICER OF DIRECTOR

1/15/99 Date (334) 799-4504 Daytime Phone # R2F034 (11/98)