

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

FILED
Feb 16 1996 8:00 am
Secretary of State

DOCUMENT # **G70078** (2)

1. Corporation Name
RUBBER APPLICATIONS, INC.



Principal Place of Business
**610 IND PK RD
POB 826
MULBERRY FL 33860**

Mailing Address
**610 IND PK RD
POB 826
MULBERRY FL 33860**

3. Date Incorporated or Qualified **11/15/1983** 3a. Date of Last Report **02/02/1995**

4. FEI Number **59-2338810** 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

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOBBY, STANLEY A.
610 INDUSTRIAL PARK ROAD
MULBERRY FL 33860**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	<input type="checkbox"/> DELETE	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME		11.2 NAME	
11.3 STREET ADDRESS		11.3 STREET ADDRESS	
11.4 CITY - ST - ZIP		11.4 CITY - ST - ZIP	
11.5 TITLE	<input type="checkbox"/> DELETE	11.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME		11.6 NAME	
11.7 STREET ADDRESS		11.7 STREET ADDRESS	
11.8 CITY - ST - ZIP		11.8 CITY - ST - ZIP	
11.9 TITLE	<input type="checkbox"/> DELETE	11.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME		11.10 NAME	
11.11 STREET ADDRESS		11.11 STREET ADDRESS	
11.12 CITY - ST - ZIP		11.12 CITY - ST - ZIP	
11.13 TITLE	<input type="checkbox"/> DELETE	11.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME		11.14 NAME	
11.15 STREET ADDRESS		11.15 STREET ADDRESS	
11.16 CITY - ST - ZIP		11.16 CITY - ST - ZIP	
11.17 TITLE	<input type="checkbox"/> DELETE	11.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME		11.18 NAME	
11.19 STREET ADDRESS		11.19 STREET ADDRESS	
11.20 CITY - ST - ZIP		11.20 CITY - ST - 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 called 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 change-1 or on an attachment with an address.

SIGNATURE: *Stanley G. Hobby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY HOBBY 1-16-96

941-425-5626

CR2E034 (12/95)