

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

0437195.

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90012 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G70078

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <input type="text"/> Suite, Apt. #, etc. 22 <input type="text"/> City & State 23 <input type="text"/> Zip <input type="text"/> Country	2a. Mailing Address 26 <input type="text"/> Suite, Apt. #, etc. 27 <input type="text"/> City & State 28 <input type="text"/> Zip <input type="text"/> Country	3. Date Incorporated or Qualified 11/15/1983	4. FEI Number 59-2338810	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASHLOR, RONNIE	1.2 NAME	
STREET ADDRESS	6274 FORESTWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBY, STANLEY	2.2 NAME	
STREET ADDRESS	1121 S. WIGGINS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASHLOR, H WAYNE	3.2 NAME	
STREET ADDRESS	3108 ORION DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, L V	4.2 NAME	
STREET ADDRESS	6594 SWEETBRIAR LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 address, with all other like empowered.

SIGNATURE: *Stanley A. Hobby* **REQUIRED** Date: 4-13-99 Daytime Phone #: 941-425-5626

CR2E034 (11/98)