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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90095 045 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G70457**

1. Corporation Name
RUBBER APPLICATIONS INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 610 INDUSTRIAL PARK RD.
 P.O. BOX 1015
 MULBERRY FL 33860

Mailing Address
 610 INDUSTRIAL PARK RD.
 P.O. BOX 1015
 MULBERRY FL 33860

3. Date Incorporated or Qualified
11/17/1983

2. Principal Place of Business
 21
 Suite, Apt. #, etc.

22
 City & State

23
 Zip Country

24
 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.

27
 City & State

28
 Zip Country

29
 30

4. FEI Number
59-2339560

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 owes the current year Intangible Personal Property Tax. Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD HOBBY, STANLEY**

STREET ADDRESS **1121 S. WIGGINS ROAD**

CITY-ST-ZIP **PLANT CITY FL**

TITLE DELETE

NAME **VD BASHLOR, RONNIE S.**

STREET ADDRESS **6274 FORESTWOOD DR**

CITY-ST-ZIP **LAKELAND FL**

TITLE DELETE

NAME **VD POLK, L.V.**

STREET ADDRESS **6594 SWEETBRIAR LANE**

CITY-ST-ZIP **LAKELAND FL**

TITLE DELETE

NAME **D BASHLOR, H. WAYNE**

STREET ADDRESS **3108 ORION DRIVE**

CITY-ST-ZIP **WAYCROSS GA**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 4-13-99 941-425-5626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)