FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M83620

(8)

RUBBER CITY, INC.

Principal	Place	of	Business

CITY-ST-ZIP

2590 34TH ST., SOUTH

Mailing Address

2590 34TH ST., SOUTH ST. PETERSBURG FL 33712

FILED Feb 18 1998 8:00am Secretary of State



ST. PETERSBURG FL 33712 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified <u>05/27/1988</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2893542 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State Cilv & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAJALES, LESLIE 342 7TH AVE.N Street Address (P.O. Box Number is Not Acceptable) 83 TIERRA VERDE FL 34665 84 City 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, typed or prieted name of registered agent as title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 11 TITLE Change Addition NAME GRAJALES, CESAR A. 1.2 NAME 6471 69TH AVE., NO. STREET ADDRESS 1.3 STREET ADDRESS PINELLAS PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELLETE Change TITLE ☐ Addition 21 TITLE GRAJALES, LESLIE NAME 2.2 NAME 6471 69TH AVE NO STREET ADDRESS 2.3 STREET ADDRESS PINELLAS PARK FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Addition Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 suppliemental 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. You an attachment with an address. **SIGNATURE:**

6.4 CITY-ST-ZIP