

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90086 006 \*\*\*150.00

**DOCUMENT # P00000028132**

1. Entity Name

**RHINO LININGS OF PORT CHARLOTTE FLORIDA, INC.**



Principal Place of Business

**RHINO LININGS  
4516 TAMiami TRAIL  
CHARLOTTE HARBOR FL 33980**

Mailing Address

**RHINO LININGS  
4516 TAMiami TRAIL  
CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number  
**65-1009892**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEEKIN, JOHN C  
21202 OLEAN BLVD., STE. C-2  
PT CHARLOTTE FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME MCVICKER, MARVIN L L  
STREET ADDRESS 11480 SW THORNTON AVE.  
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☒ Delete  
NAME MCVICKER, DEBORAH L  
STREET ADDRESS 11480 SW THORNTON AVE.  
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☐ Delete  
NAME JENKS, WILLIAM E  
STREET ADDRESS 1151 NAVIGATOR  
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE D ☐ Delete  
NAME JENKS, DENISE B  
STREET ADDRESS 1151 NAVIGATOR  
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME Christopher King  
STREET ADDRESS 12636 S.W. 5024 Ave  
CITY-ST-ZIP LAKE SUZY, FL. 34269

TITLE D ☐ Change ☒ Addition  
NAME Raquel King  
STREET ADDRESS 12636 S.W. 5024 Ave  
CITY-ST-ZIP LAKE SUZY FL. 34269

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

4-20-04

255-5506