FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

P93000083774 (8) **DOCUMENT #**

RUBBER TECHNOLOGY (FLORIDA), INC.

FILED Apr 18 1996 8:00 am **Secretary of State**



Principal Dis-	of Dunings								
Principal Place of Business Mailing Address						the chind ditte #4(1) 25(1)	·	-	440 #146 41 1
8675 HIDDEN TAMPA FL 33	RIVER PARKWAY 9637	8675 HIDDEN RIVER PA TAMPA FL 33637	ARKWAY						
• Di						3. Date Incorporated or Qualified 11/30/1993	3a. Date 03	of Last F /17/19	
2. Principal Pii	ace of Business	<u> </u>	2a. Mailing Address			4. FEI Number Applied I			Applied For
Suite, Apt.	# plc	Suite, Apt. #, etc.			59-3218801 Not Applicable				
City & State		27 City & State			5. Certificate of Status Desired S8.75 Additional Fee Required				
23 Zip	Country	28	·			6. Election Campaign Financing Trust Fund Contribution		Adde	00 May Be ad to Fees
24	25	Zip 29	30	Intry		This corporation has liability for Florida Statutes		k under s	199.032,
	9. Name and Address of Curren		30	Ι		10. Name and Address of New I	No No	ant	
		· · · · · · · · · · · · · · · · · · ·		81	Name	10. 1141110 2110 11001083 01 11991 1	rogisterou s	Sport	
BENNET	T, STEPHEN A			00	Di	/D.O. C N			
C/O STE	ARNS, WEAVER, ET AL.			82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	ACKSON ST., SUITE 2200		83						
TAMPA F	L 33602			84	City			Tor I 2	in Cada
44 D				ll	, ,		FL	1 1	ip Code
or registere familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Section	and 607.1508, Florida Statute da. Such change was authorize on 607.0505, Florida Statutes.	es, the abo ed by the o	ve-n corpi	named corpora pration's board	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of char ointment as i	nging Its egistered	registered office d agent. I am
SIGNATURE _	0		·						
12.	Signature, typed or printed name of registered agent a OFFICERS AND			Agent	l signature required		DATE		
TITLE	D	DELETE	13.	T) C		ADDITIONS/CHANGES TO OFF			
NAME	MACDONALD, JOHN L		1.2 NA				<u> </u>] Change	Addition
STREET ADDRESS	8675 HIDDEN RIVER PARKWA	Y			ADDRESS				
CITY-ST-ZIP	TAMPA FL 33637		1.5 G/						
TITLE	D DELETE			2 1 TITLE		☐ Change ☐ Addition			
NAME	WHITE, JOHN T		22 NA	ME	1		<u></u>	o nango	
STREET ADDRESS	8675 HIDDEN RIVER PARKWA	Y	2.3 ST	REET	address				
CITY-ST-ZIP	TAMPA FL 33637		2.4 (1)	TY - \$T	r-ZIP				
TRILE	D	☐ DELETE	3. 1 7/	TLE			Г	Change	Addition
NAME	BOLTONG, WILLEM		32 NA	ME					_
STREET ADDRESS	P.O. BOX 11386 N/A		3.3. S1	REET	ADDRESS				
CITY-ST-ZIP	MACON GA 31212		3.4 CII		-ZIP				
TITLE		☐ DELETE	4. 1 Ti					Change	Addition
NAME			4.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		[] DESETT	4.4 CI	_	- ZIP	· · · · · · · · · · · · · · · · · · ·			-
NAME		DELETE	5 1 71					Change	Addition
STREET ADDRESS			52 NA						
CITY-ST-ZIP					ADDRESS				
TITLE		☐ DELETE	5 4 CIT		- ZiP				Pring 1, 1, 1
NAME		☐ pereir	6 1 717					Change	Addition
STHEET ADDRESS			6 2 NA		Dooree				
CITY-ST-ZIP					ADORESS				
	certify that the information supplied w	ith this filips is unluntarily funde	6 4 CIT	1-51	Pot supitudos	the exemption stated in Section 119.			

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 appears in Block 12 or Block 13 fishanged, or on an algorithm with an address.

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF

ohn T. White