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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083774 (8)

RUBBER TECHNOLOGY (FLORIDA), INC.

## **FILED** Apr 20 1998 8:00am Secretary of State

Principal Place	o of Rusiness	Mailing Addres						
8675 HIDDEN RIVER PARKWAY 8675 HRDDEN RIVER								
TAMPA FL 33637		TAMPA FL 33637			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 11/30/1993			
2. Principal Pla	ace of Business	2a. Mailing Add	2a. Mailing Address				Applied For	
1		26	26				Not Applicable	
Sulte, Apt. #	#, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Des	sired	\$8.75 Additional Fee Required	
City & State	)	City & State			6. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Gountry 25	Zip 29				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
BENNETT, STEPHEN A C/O STEARNS, WEAVER, ET AL. 401 E. JACKSON ST., SUITE 2200				81 Name John T. Whit E  82 Street Address (P.O. Box Number is Not Acceptable)				
				82 Street Address (P.O. Box Number is Not Acceptable) 8765 Hidden River Parkway			Parkway	
	APA FL 33602	•		83				
				B4 City T	ampa	F		
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the Str in familiar with, and neofipt the ob-	ate of Florida. Such cha	nge was authoriz	ed by the corpor atutes	ration's board of directors. I here	for the purpose by accept the ar	of changing its registered	
SIGNATURE	Signature, typod or printers time of registered	"Mb	NOPH	1. MILL	quired when reinstating)	SAN	17/90	
12.	OFFICERS A	AND DIRECTORS	13		ADDITIONS/CHANGES 1	TO OFFICERS AN		
TITLE	D		ELETE 1.1	TITLE	secretary		Change Saldition	
NAME	MACDONALD, JOHN L		1.2	NAME J	nichael mode	ma.	l	

SI 12 TITE 8675 Haden River Pkwy 8675 HIDDEN RIVER PARKWAY 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33637** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETÉ TITLE 2.1 TITLE WHITE, JOHN T 2.2 NAME NAME STREET ADDRESS 8675 HIDDEN RIVER PARKWAY 2.3 STREET ADDRESS **TAMPA FL 33637** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3,1 TITLE **BOLTONG, WILLEM** 3.2 NAME P.O. BOX 11386 3.3 STREET ADDRESS STREET ADDRESS **MACON GA 31212** 3.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 HTLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 \$1REE1 ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 eport or supplemental annual eport 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 of the receiver or flustre emportered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if divanged, or in an attantiment with an address.