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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000083774

1. Corporation Name

RUBBER TECHNOLOGY (FLORIDA), INC.

TOMAN Chartons

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90238 034 \*\*\*150.00



7 ump	M CHARTERS, INC.									
Principal Place of Business Mailing Address						1 12511631 110 16164 15111 66131 68131 68131 68131	31 13186 11111	1881118	Q11 2121 1021	
8675 HIDDEN RIVER PARKWAY TAMPA FL 33637  8675 HIDDEN RIVER PARKW TAMPA FL 33637						DO NOT WRITE IN TH	IS SPACE	Ē		
						3. Date Incorporated or Qualifed				
						11/30/1993				
Principal Place of Business     2a. Mailing Address						4. FEI Number		App	lied For	
21 26						59-3218801			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	е	City & State	City & State			6. Election Campaign Financing  Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·			
Zip	Country	Zip	Со	untry		8. This corporation owes the current year	Intangible			
24	25	29	30			Personal Property Tax.	Yes	, [	□No	
	9. Name and Address of Curren					10. Name and Address of New Registere	d Agent			
				81	Name					
WHI	re, John T.				Otron Cl. A. 1.1	(D.O. Boy Mumber is Not Assentable)				
8765 HIDDEN RIVER PARKWAY				82	Street Add	ress (P.O. Box Number is Not Acceptable)				
TAM	PA FL 33637			83				•		
				84	City	F	85	Zip C	ode	
44	t- 11 607.0E0	2 and CO7 1500 Elorida State	utoe the	above	-named corr	poration submits this statement for the purpose		na its r	egistered	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize	d by 1	he corporati	on's board of directors. I hereby accept the app	ointment :	as regi	istered	
SIGNATURE						ed when reinstating) DATE				
40	Signature, typed or printed name of registered age		1E: Registere		signature requin	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOF	2S IN 12	
12.	D OFFICERS AN	ID DIRECTORS		TITLE		ADDITIONS/CITATOES TO CITTOERC	☐ Cha		Addition	
TITLE	_			AME			_	•	_	
NAME	MACDONALD, JOHN L	,			*000000					
STREET ADDRESS	8675 HIDDEN RIVER PARKWAY	ĭ			ADDRESS					
CITY-ST-ZIP	TAMPA FL 33637	DELETE	_	CITY-ST	- ZIP		[""] Cha	2008	Addition	
TITLE	D	DELETE	1	TITLE		•		11190		
NAME	WHITE, JOHN T		1	VAME						
STREET ADDRESS	8675 HIDDEN RIVER PARKWA	γ	2.3 5	STREET	ADDRESS	-				
CITY-ST-ZIP	TAMPA FL 33637		2.4	CITY-S	r-zip				<b>—</b> • • • • • • • • • • • • • • • • • • •	
TITLE	S	☐ DELETE	3.1 7	TITLE			☐ Cha	ange	☐ Addition	
NAME	MOLINA, MICHAEL		3.21	AME						
STREET ADDRESS	8675 HIDDEN RIVER PARKWA'	Υ	3.3 9	TREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33637		3.4.	CITY-S	r-ZiP					
TITLE		☐ DELETE	4.11	TTLE			Cha	ange	☐ Addition	
NAME			4. 2	NAME						
STREET ADDRESS			4.3 9	TREET	ADDRESS					
CITY-ST-ZIP			4.4 (	CITY-ST	ZIP					
TITLE		☐ DELETE		5.1 TITLE			Ch:	ange	Addition	
NAME			5.21	NAME						
STREET ADDRESS			5.3 \$	STREET	ADORESS					
CITY-ST-ZIP			5.4 (	CITY-ST	-ZIP					
TITLE		☐ DELETE	6.1	TITLE			☐ Cha	ange	Addition	
NAME		_	6.21	NAME						
					ADDRESS					
STREET ADDRESS				CITY-ST						
CITY-ST-ZIP	i		0.41	ال-،،،-						

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 employered 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:

OF SIGNING OFFICER OR DIRECTOR

813 632 3300