

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
32399-0001  
Phone: (904) 493-2000  
Fax: (904) 493-2001

DOCUMENT # **P94000055666 (9)**

**LIQUID RUBBER CO., INC.**

APPROVED  
AND  
FILED

MAY -1 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Address  
**1017-C S.E. 12TH AVE.  
1739 SE 46TH LANE, #202  
CAPE CORAL FL 33990**

Main Office Address  
**1017-C S.E. 12TH AVE.  
1739 SE 46TH LANE, #202  
CAPE CORAL FL 33990**

Contact With the Secretary

|                                                                                                         |                                                                     |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date the corporation was established                                                                 | 3a. Date of last Report                                             |
| 07/27/1994                                                                                              |                                                                     |
| 4. FIC Number                                                                                           | Applied For<br>Not Applicable                                       |
| 65-051165C                                                                                              |                                                                     |
| 5. Certificate of Status Desired                                                                        | <input type="checkbox"/> \$8.75 Additional<br>Fee Required          |
| 6. Election Campaign Financing<br>Trust Fund Contribution                                               | <input type="checkbox"/> \$5.00 May Be<br>Added to Fees             |
| 8. Does this corporation have authority for independent tax apportionment under the<br>Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                             |                         |
|-----------------------------|-------------------------|
| 2. Principal Office Address | 2a. Mailing Address     |
| 21. 1017-C S.E. 12TH AVE.   | 26. SAME                |
| 22. Suite, Apt. #, etc.     | 27. Suite, Apt. #, etc. |
| 23. CAPE CORAL, FL          | 28. City & State        |
| 24. 33990                   | 29. ZIP Code            |
| 25. USA                     | 30. Country             |

|                                                                         |  |
|-------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                         |  |
| <b>LANGEVIN, DONALD R<br/>1739 SE 46TH LANE, #202<br/>CAPE CORAL FL</b> |  |

|                                                        |    |
|--------------------------------------------------------|----|
| 10. Name and Address of New Registered Agent           |    |
| 81. Name                                               |    |
| 82. Street Address (P.O. Box Number is Not Acceptable) |    |
| 83. City                                               |    |
| 84. State                                              | FL |
| 85. Zip Code                                           |    |

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation hereby, 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 Sections 607.0605, Florida Statutes.

SIGNATURE: *Don R. Langevin* **FRS, DONALD R. LANGEVIN 5-1-95**

| 12. OFFICERS AND DIRECTORS |                                                                     | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY |                                                                   |
|----------------------------|---------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME                    | D<br>LANGEVIN, DONALD R<br>1739 SE 46TH LANE, #202<br>CAPE CORAL FL | 1. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    |                                                                     | 2. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME                    |                                                                     | 3. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME                    |                                                                     | 4. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME                    |                                                                     | 5. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                                                     | 6. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME                    |                                                                     | 7. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME                    |                                                                     | 8. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. NAME                    |                                                                     | 9. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                                                     | 10. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. NAME                   |                                                                     | 11. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME                   |                                                                     | 12. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. NAME                   |                                                                     | 13. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                                                                     | 14. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. NAME                   |                                                                     | 15. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME                   |                                                                     | 16. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. NAME                   |                                                                     | 17. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME                   |                                                                     | 18. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19. NAME                   |                                                                     | 19. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME                   |                                                                     | 20. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonjudicial statement as set forth in the Florida Statutes. Further, that the information indicated on this report is supplemental annual report information and is complete and that my corporation has filed this report in good faith and made no other statements. That I am available for election to the corporation in the next year or transfer responsibility to someone else that report is required by Chapter 607, Florida Statutes, and that my name appears in block 12 of this filing as required by the Florida Department of State.

SIGNATURE: *Don R. Langevin* **DONALD R. LANGEVIN 5-1-95 (813) 458-4774**