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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015739

1. Corporation Name
RUBBER AND GASKET SPECIALTIES, INC.

Principal Place of Business
2030 EAST ADAMS STREET
JACKSONVILLE, FLORIDA
32202

Mailing Address
P.O. BOX 50652
JAX. BEACH, FL
32240

3. Date Incorporated or Qualified: 2-19-96
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3367078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLOOM AND DAVENPORT P.A.
2220 RIVERPLACE TOWER
1301 GULF LIFE DR.
JACKSONVILLE, FLORIDA 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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, Section 607.0505, Florida Statutes.

SIGNATURE: Linda Patrick/President/Treasurer — 5-8-97
(printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/TREASURER ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LINDA PATRICK	1.2 NAME	
STREET ADDRESS	2030 EAST ADAMS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVID MARTIN	2.2 NAME	
STREET ADDRESS	2030 EAST ADAMS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	2.4 CITY-ST-ZIP	
TITLE	SECRETARY ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DWAYNE MATHIS	3.2 NAME	
STREET ADDRESS	2030 EAST ADAMS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LINDA PATRICK	4.2 NAME	
STREET ADDRESS	2030 EAST ADAMS STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVE MARTIN	5.2 NAME	
STREET ADDRESS	2030 EAST ADAMS STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DWANYE MATHIS	6.2 NAME	
STREET ADDRESS	2030 EAST ADAMS STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	6.4 CITY-ST-ZIP	

LW 5-14-97

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CR2E034 (9/96)

14. I further 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 empowered 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.

SIGNATURE: Linda Patrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA PATRICK

Date: 4-28-97
Daytime Phone #: 904359-0010