

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 # P97000058695

1. Corporation Name
RUBBER THINGS, INC.

Principal Place of Business
2110 1ST ST.
INDIAN ROCKS BEACH FL 33785

Mailing Address
2110 1ST ST.
INDIAN ROCKS BEACH FL 33785

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90047 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1997

4. FEI Number
APPLIED FOR 59-3510660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ N/A \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ N/A \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10894 Walsingham Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 10894 Walsingham Rd.
Suite, Apt. #, etc.

22

27

City & State

23 LARGO, FLA.

City & State

28 LARGO, FLA.

Zip Country

24 33778 25 U.S.A.

Zip Country

29 33778 30 U.S.A.

9. Name and Address of Current Registered Agent

NECKERAUER, JOHN A
2110 1ST ST.
INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10894 Walsingham Rd.

83

84 City LARGO

FL

85 Zip Code 33778

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
NECKERAUER, JOHN A
2110 1ST ST.
INDIAN ROCKS BEACH FL 33785

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
NECKERAUER, COLLEEN I
2110 1ST ST.
INDIAN ROCKS BEACH FL 33785

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10894 WALSINGHAM Rd.

1.4 CITY-ST-ZIP LARGO, FLA 33778

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 10894 WALSINGHAM Rd.

2.4 CITY-ST-ZIP LARGO, FLA 33778

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Colleen Neckerauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 727-399-2547
Date Daytime Phone #

CR2E034 (1/98)