


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000034059	
1. Entity Name RHINO LININGS OF PENSACOLA, INC.	

Principal Place of Business 4408 N. PALAFOX ST. PENSACOLA, FL 32505	Mailing Address 4408 N. PALAFOX ST. PENSACOLA, FL 32505
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3503549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VANLANDINGHAM, DARRYL
4408 N. PALAFOX ST.
PENSACOLA, FL 32505**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANLANDINGHAM, DARRYL G 2022 FRONTERA ST. NAVARRE, FL 32556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANLANDINGHAM, RUTH 2122 FRONTERA ST. NAVARRE, FL 32556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/21/06-80069-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Ruth VanLandingham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ruth VanLandingham

3/14/06 850-434-3737
Date Daytime Phone #