

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095195 (0)

1. Corporation Name

R & L RAINBOW MUFFLER SHOP, INC.



Principal Place of Business

185 BELCHER ROAD SOUTH
LARGO FL 34641-1906

Mailing Address

185 BELCHER ROAD SOUTH
LARGO FL 34641-1906

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3351758

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

FULLER, ANITA L
185 BELCHER ROAD SOUTH
LARGO FL 34641-1906

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

Signature typed or printed name of registered agent and date of appointment

(Print) Registered Agent Signature and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MORSE, RONALD K
STREET ADDRESS 3225 SAN MATEO STREET
CITY-STATE-ZIP CLEARWATER FL 34619-3532 ☐ DELETE

TITLE D
NAME MORSE, RONALD K
STREET ADDRESS 3225 SAN MATEO STREET
CITY-STATE-ZIP CLEARWATER FL 34619-3532 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY-STATE-ZIP ☐ Change ☐ Addition

18 TITLE ☐ Change ☐ Addition

19 NAME

20 STREET ADDRESS

21 CITY-STATE-ZIP ☐ Change ☐ Addition

22 TITLE ☐ Change ☐ Addition

23 NAME

24 STREET ADDRESS

25 CITY-STATE-ZIP ☐ Change ☐ Addition

26 TITLE ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY-STATE-ZIP ☐ Change ☐ Addition

30 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP ☐ Change ☐ Addition

34 TITLE ☐ Change ☐ Addition

35 NAME

36 STREET ADDRESS

37 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ronald K Morse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

813 535-3011
Corporate Phone #

CR2E034 (12/95)