

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 277256 (4)

1. Corporation Name
ALTON RAINBOW CORPORATION

Principal Place of Business 400 W LAKE BRANTLEY P.O. BOX 607000 ALTA MONTE SPRINGS FL 32714	Mailing Address 400 W LAKE BRANTLEY P.O. BOX 607000 ALTA MONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/08/1964	3a. Date of Last Report 03/30/1994
4. FEI Number 59-1036515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MOFFIT, THOMAS H
150 VALMORA DRIVE
PO BOX 181799
CASSELBERRY FL 32718-8799**

10. Name and Address of New Registered Agent

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

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: *Thomas H. Moffit* (NOTE: Registered Agent signature required when reappointing) DATE: **April 27, 1995**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOFFIT, THOMAS, JR
STREET ADDRESS	304 CRANE COVE
CITY - ST - ZIP	LONGWOOD, FL 00000
TITLE	D
NAME	MOFFIT, ALICE
STREET ADDRESS	304 CRANE COVE
CITY - ST - ZIP	LONGWOOD, FL 00000
TITLE	PO
NAME	MOFFIT, THOMAS
STREET ADDRESS	304 CRANE COVE
CITY - ST - ZIP	LONGWOOD, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable as an attachment with an address.

SIGNATURE: *Thomas H. Moffit* (Typed Name) DATE: **April 27, 1995**

THOMAS H. MOFFIT - PRES.