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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 277256

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ALTON RAINBOW CORPORATION

							I DIDII DIDII BIEH P	INDIA MIRRIA (MARI
Principal Plac	ce of Business	Mailing Address						
400 W LAKE B		400 W LAKE BRANTLEY						
-P.O. BOX 607000 - ALTAMONTE SPRGS FL 32714		P .O. BOX 607608 ALTAMONTE SPRGS FL 32714				DO NOT WRITE IN THIS SPACE		
US		US	<i>A.</i> 114			3. Date incorporated or Qualifed		
						01/08/1964		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Nu nber	Ap	plied For
21		26				59-1036515	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Ac ditional
22		27				5. Certificate of Status Desired	Fee Re	d riced
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	•
23		28				Trust F and Contribution	Added t	o Fees
Zip	Coun ry	Zip		intry		8. This corporation owes the current year		ran.
24	25		30			Person al Property Tax.	Yes	[]No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registere	Agent	
<u>k</u> arne	FFIT,THOMAS H				(daille			
150 VALMORA DRIVE				82	Street Ad Jr	ress (P.O. Box Number is Not Acceptable)		
PC BOX 181799				83				
	SELBERRY FL 32718-8799			"				
<i>0,</i> 0	OLLDERATI VE GET TO GTGG			84	City	F	85 Zip 0	Code
11 Pureuput	to the provisions of Sections 607 050	02 and 607 1508 Florida Statu	ites the a	bove	named co	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered
12.	Signature, typed or printed name of registered age OFFICERS Al	ent ind title if applicable. (NOT NE DIRECTORS	TI : Registered	J Agent	signature require	ADDITIC'NS/CHANGES TO OFFICERS	AND DIRECTO	FS IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE			Change	Addition
NAME	MOFFIT, THOMAS, JR		1.2 N	AMC	İ			
STREET ADDRESS				MINIC.				
CITY-ST-ZIP	SANFORD FL		1.3 ST		ADDRESS			
TITLE								
	S	☐ DELETE		TREET			☐ Change	Addition
NAME	S MOFFIT, ALICE	☐ DELETE	1.4 CI	TREET : ITY-ST: TLE			☐ Change	Addition
NAME STREET ADDRESS	MOFFIT, ALICE	DELETE	1.4 CI 2.1 TI 2.2 N	TREET I ITY-ST- ITLE AME			☐ Change	Addition
	MOFFIT, ALICE	_	1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TREET I ITY-ST- ITLE AME	ADDRESS			
STREET ADDRESS	MOFFIT, ALICE P.O. BOX 181799 NA	☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TREET (ITY-ST- ITLE AME TREET (CITY-ST	ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	MOFFIT, ALICE P.O. BOX 181799 NA CASSELBERRY FL PD MOFFIT, THOMAS	_	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C	TREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE	MOFFIT, ALICE P.O. BOX 181799 NA CASSELBERRY FL PD MOFFIT, THOMAS P.O. BOX 181799 N/A	_	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV	TREET AME TREET AME TREET ATTENTION	ADDRESS			
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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 recuired 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.

THOMAS H. MOFFIT, PRES,

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

4/23/99

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90065 028 ***150.00