

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 # 505481 (2)

1. Corporation Name

RAINBOW CARPETS & INTERIORS, INC.



Principal Place of Business

2123 EAST EDGEWOOD DRIVE
LAKELAND FL 33803

Mailing Address

2123 EAST EDGEWOOD DRIVE
LAKELAND FL 33803

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/21/1976

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1680009

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

10. Name and Address of New Registered Agent

81 Name

ELOISE K. LEGGETT

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

2123 E. EDGEWOOD DR.

83

84 City

LAKELAND

FL

85 Zip Code

33803

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: Eloise K. Leggett U.P.

Eloise K. Leggett U.P.

4-29-96

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

(NOTE: Registered Agent signature required when replacing agent.)

Date

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME LEGGETT, FRANK E.
STREET ADDRESS 1880 N CRYSTAL LAKE #45
CITY-ST-ZIP LAKELAND FL

TITLE SVD ☐ DELETE

NAME LEGGETT, ELOISE K.
STREET ADDRESS 1880 N CRYSTAL LAKE #45
CITY-ST-ZIP LAKELAND FL

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 V ☐ Change ☒ Addition

1.2 NAME FRANKLIN E. LEGGETT JR.
1.3 STREET ADDRESS 757 BERKLEY RD.
1.4 CITY-ST-ZIP AUBURNDAL, FL 33823

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME DAVID W. LEGGETT
2.3 STREET ADDRESS 1340 LAKE MILLSITE DR. W.
2.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

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 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: Eloise K. Leggett U.P.

Eloise K. Leggett U.P.

4-29-96

941-665-5758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)