

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

93 MAY -1 AM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **516327** (4)
1. Corporation Name
RAINBOW GRAPHICS, INC.

Principal Place of Business: 12705 DANIEL DRIVE NORTH CLEARWATER FL 34622
Mailing Address: 12705 DANIEL DRIVE NORTH CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/01/1976**
3a. Date of Last Report: **06/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1734163		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. State Apt # etc.		27. State Apt # etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. City & State		28. City & State		6. This corporation has liability for intangible tax under S. 199 032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip	25. Country	29. Zip	30. Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JULIUS W WILSON JR. 8459 TALLAHASSEE DR. NE ST. PETERSBURG FL 33702				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0407 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12)	
11. TITLE	PD WILSON, JULIUS W. JR. 8459 TALLAHASSEE DR NE ST. PETERSBURG FL	14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SD WILSON, JANET S. 2824 14TH ST. NORTH ST. PETERSBURG FL	15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS	VD WILSON, SUSAN K. 8459 TALLAHASSEE DR. NE ST. PETERSBURG FL	16. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. CITY, ST, ZIP		17. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE		18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		20. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY, ST, ZIP		21. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE		22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS		24. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. CITY, ST, ZIP		25. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (17) 604, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and made under oath. That I am an officer or director of this corporation or the owner or holder of any power or authority empowered to carry into this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 on this report or on an attachment to or on an attachment to an attachment.

SIGNATURE: *Susan K. Wilson* SUSDAN K. WILSON 4-28-95 813-573-5614
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Telephone #