

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 MAY -1 AM 6:28
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 541917 (1)

1. Corporation Name

RAINBOW OIL CO.

Principal Place of Business
**C/O BRIANS IN PARADISE
11050 OVERSEAS HWY
MARATHON FL 33050-3459**

Mailing Address
**C/O BRIANS IN PARADISE
11050 OVERSEAS HWY
MARATHON FL 33050-3459**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1977

3a. Date of Last Report
05/13/1994

4. FEI Number
59-1765484

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM, RALPH E. JR.
2975 OVERSEAS HIGHWAY
MARATHON FL**

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 the filer)

DATE Registered Agent signature required when necessary

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS**
NAME **SCHMITT, BRIAN C**
STREET ADDRESS **11100 OVERSEAS HIGHWAY**
CITY, ST, ZIP **MARATHON FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
500001482805
-05/10/95--01072--021
******200.00 ****200.00**

TITLE **VDI**
NAME **SCHMITT, ALAN G**
STREET ADDRESS **11100 OVERSEAS HIGHWAY**
CITY, ST, ZIP **MARATHON FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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

Signature and typed or printed name of signing officer or director

BRIAN C SCHMITT

4/12/95 3057435181

Brian's

In paradise • 11050 Overseas Highway

Marathon, Florida 33050 • 305-743-3183

5/2/95

Dear Mrs. Hendrixson -

I appreciate your help in this matter.

I mailed A check and this form in the pre-printed envelope on 4/12/95. The form came back in the white envelope (enclosed) on 5/1/95. I do not know who has the checks. I Am sending the form again with A new check. Thank you for processing the check for \$200.00.

Sincerely,

Henry H. Hall