• FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

547614

(8)

RAINBOW MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address									
c/o Tonya Cole Same									
110 He	eywood Road, #16-D								
	NC 28704						T 2 - 5 -		·
•						3. Date Incorporated or Qualified 09–26–1977 04~25–1996			
						09-26-1977	04~		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 59–1842098			pplied For
21 26						1100			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required			
22 27 27 27 27 27 27 27 27 27 27 27 27 2									- `
City & State City & State				•		6. Election Campaign Financing			May Be
23 Zip	Country	28]	Zip Country			Trust Fund Contribution			
	<u>├</u> ¬)		8. This corporation has liability for intangible tax under \$. 199,032, Florida Statutes			
24	25 25 Name and Address of Currer	29	[30]	г—.		10. Name and Address of New Reg			
	S. Isame and Address of Conte	it neglatered Agent		81	Name	TO. Name and Address of New Act	istered A	igent_	
PEELE, AUSTIN S.				82	Street Address (P.O. Box Number is Not Acceptable)				
327 N. HERNANDO STREET				83					
LAKE CITY, FL 32055				63					
	•			84	City			85 Zip	Code
				ot			<u> FL</u>	<u> </u>	
office or range.	to the provisions at Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	i2 and 607,1508, Florida SI of Florida. Such change w ations of, Section 607,0506	alules, the at /as authorized 5, Florida Stat	oove d by utes	e-named corp the corporat i.	poration submits this statement for the price ion's board of directors. I hereby acceptions	rpose of the appr	changing i pintment as	ts registered registered
SIGNATURE									
Signature: typied or printed name of registered agent and title if applicable (NOTE Re					pistered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1170		ļ			☐ Change	☐ Addition
NAME	Berthelot, Larry			1.2 NAME					
STREET ADDRESS 92 Pebble Creek Drive				13 STREET ADDRESS					Į
CITY - ST - ZIP				1.4 CITY - S1 - ZIP					
TITLE	TSD	DELETE	2111	ILE				Change	☐ Addition
NAME	Berthelot, Beverly			2.2 NAME					. 1
STREET ADDRESS 92 Pebble Creek Drive				2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY+ST-ZIP					
THE ABREVITIE, NO 20003 DELETE				HE				Change	Addition
NAME			3.2 NA	AME]]
STREET ADDRESS			3.3 ST	REET.	ADDRESS				
CITY-ST-ZIP			34.0	ITY - S	11 - ZIP				
TITLE		☐ DELETE	4 1 111	I L E				Change	Addition
NAME			4.2 N	AME)				
STREET ADDRESS			43 S1	ALET.	ADDRESS				
CITY-ST-ZIP			4.4 CI	1 Y-S 1	1-7IP)
TITLE		☐ DELETE	5110	ILF				☐ Change	Addition
NAME			5 2 NA	MF	{			PE	<i>:</i>
STREET ADDRESS			53.51	HILL	ADDRESS			10	, フ
CITY-ST-ZIP_			5400	1 <u>Y</u> - \$1	1 - ZIP				
TITLE		DELFTE	6 1 TII	ILF				Change	☐ Addition
NAME			62 NA	MF		10000226	366	31	
STREET ADDRESS			6.3 ST	BLET	ADDRESS	-08/14/9701002026			Ì
PITY OF THE				6.4 City (1.20)		***************************************			

f do 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 logal 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 Blot. 13 if changed, or on an attactment with an address.

Larry Berthelot

7-19-97

(704) 681-2838 Daytme Phone #

FILED

Aug 07 1997 8:00am

Secretary of State