

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90106 002 ***150.00

DOCUMENT # 548533

1. Corporation Name
RAINBOW SPRINGS REALTY CORP.

Principal Place of Business

% CHASE ENTERPRISES. ATTN: J. KORZENIK
ONE COMMERCIAL PLAZA
HARTFORD CT 06103

Mailing Address

% CHASE ENTERPRISES. ATTN: J. KORZENIK
ONE COMMERCIAL PLAZA
HARTFORD CT 06103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1977

4. FEI Number

59-1772181

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 owes the current year Intangible
Personal Property Tax. ☐ 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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST LOUIS, ROLAND R JR
ST. LOUIS, GUERRA & AUSLANDER, P.A.
201 S. BISCAYNE BLVD. MIAMI CNT., 10TH FL.
MIAMI FL 33131-4325

81 Name NRAI SERVICES, INC.

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

83 526 E. Park Avenue

84 City Tallahassee, FL 85 Zip Code 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AV ☐ DELETE
NAME TARBERT, FRANK
STREET ADDRESS 8625 SW 200TH CIRCLE
CITY-ST-ZIP DUNNELLON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD ☐ DELETE
NAME CHASE, DAVID T
STREET ADDRESS ONE COMMERCIAL PLAZA
CITY-ST-ZIP HARTFORD CT

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD ☐ DELETE
NAME CHASE, ARNOLD L
STREET ADDRESS ONE COMMERCIAL PLAZA
CITY-ST-ZIP HARTFORD CT

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VTD ☐ DELETE
NAME CHASE, CHERYL A
STREET ADDRESS ONE COMMERCIAL PLAZA
CITY-ST-ZIP HARTFORD CT

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V ☐ DELETE
NAME SMALLRIDGE, LOWELL P.
STREET ADDRESS 8625 SW 200TH CIRCLE
CITY-ST-ZIP DUNNELLON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V ☐ DELETE
NAME COLLINS, JAMES T
STREET ADDRESS 8625 SW 200TH CIRCLE
CITY-ST-ZIP DUNNELLON FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: Cheryl A. Chase Cheryl A. Chase - Exec.V/P

4/6/99

860/549-1674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)