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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

649104

(7)

DOCUMENT # RAINBOW LANDSCAPING, INC.

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FILED

May 18 1998 8:00am

Secretary of State

					<u> </u>	
Principal Place of Business Mailing Address						
17564 STATE RD #7 BOCA RATON FL 33498-8026		17564 STATE RD #7 BOCA RATON FL 33498-802 6		DO NOT WRITE IN THI	IS SPACE	
					3. Date Incorporated or Qualified 12/13/1979	
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21		26		<u></u>	<u>59-1959456</u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zin		28]	1 00 000		Trust Fund Contribution	Added to Fees
Zip			Country	,	B. This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible
24 25 25 Name and Address of Curre		29 30 30			10. Name and Address of New Registered Agent	
DII	- 		81	Name	10,	W 1-Ball
PLUMMER, THOMAS H 17564 STATE RD 7						
BOCA RATON FL 33498			82 Street Add		ress (P.O. Box Number is Not Acceptable)	
500	ON TINION I E SOUSS		83			
•			64	City	F	85 Zip Code
office or re agent. I ar	io the provisions of Sections 607.0507 agistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	authorized by	v the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
SIGNATURE	Signature, typical or printed name of repultered way in	ot and life of applicable (NO	It Registered Ag	unt signature requir	red when re-instating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1 1 117LE			Change Addition
NAME	PLUMMER, JEROME	12 N/				
STREET ADDRESS 5831 NORTHPOINT LANE			1.3 STREET	ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CFLY - ST - ZIP		ST - ZIP		
THTLE	87	DELETE	21 TITLE			Change Addition
NAME	PULLMER , THOMAS H		2.2 NAME			
STREET ADDRESS	18361 104TH TERRACE		2.3 STREET	ADDRESS	,	
CITY-ST-ZIP	BOCA RATON FL 33498			ST-ZIP		
TITLE		☐ DELETE 3.1 TI				☐ Change ☐ Addition
NAME	3.2 M		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		<u></u> , ,	4.4 CITY - 9	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME !			5.2 NAME			i

14. Thereby 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 suppliemental 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 of the region of 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 address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

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***158.75

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