**FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]**

# CORPORATION ANNUAL REPORT 1995

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

APPROVED
AND
FILED
95 MAY -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## DOCUMENT # 649837 (2)

1. Corporation Name
**RAINMAKER ROD COMPANY, INC.**

Principal Place of Business
511 29TH ST NW
NAPLES FL 33964

Mailing Address
511 29TH ST NW
NAPLES FL 33964

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1933775 ☐ 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. [illegible] Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

9. Name and Address of Current Registered Agent
WILSON, PATRICIA
511 29TH ST NW
NAPLES FL 33964

10. Name and Address of New Registered Agent
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 [illegible] and [illegible], 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 [illegible], Florida Statutes.

SIGNATURE [illegible]

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |
|---|---|---|
| TITLE | P | ☐ Change ☐ Addition |
| NAME | WILSON, RICHARD M | |
| STREET ADDRESS | 511 29TH ST NW | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | V | ☐ Change ☐ Addition |
| NAME | WILSON, CECIL A | |
| STREET ADDRESS | 5900 NW 17TH PL #107 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | ST | ☐ Change ☐ Addition |
| NAME | WILSON, PATRICIA | |
| STREET ADDRESS | 511 29TH ST NW | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

14. I the undersigned, certify that the information supplied with this filing [illegible] and does not qualify for the exemption stated in Section [illegible], Florida Statutes. I further certify [illegible] 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 [illegible], Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Patricia Wilson Patricia Wilson 4/28/95 813-455-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR