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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H29074 (2)
1. Corporation Name
RAINBOW ACRES DEVELOPMENT CORPORATION

95 APR 28 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **149 BROCK STREET
P.O. BOX 100
THAMESFORD, ONTARIO, CANADA**

Mailing Address: **149 BROCK STREET
P.O. BOX 100
THAMESFORD, ONTARIO, CANADA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

3. Date Incorporated or Qualified: **11/05/1984**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2659779**

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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**OSWALD, DOUGLAS H.
21 N.E. 1ST AVE.
OCALA FL 32070**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

PD BEATY, W.H.
149 BROCK ST. THAMESFORD
ONTARIO, CANADA

VD ROGERS, ROBERT F.
104 WILLIAMS STREET
DUNNELLON FL

STD BRALEY, G.E.
149 BROCK ST. THAMESFORD
ONTARIO, CANADA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Deceased Change Addition

1.2 NAME: BEATY W.H.

1.3 STREET ADDRESS: 149 BROCK STREET

1.4 CITY-ST-ZIP: THAMESFORD, ONTARIO NOM 2M0 CANADA

2.1 TITLE: D Change Addition

2.2 NAME: ROGERS, ROBERT F.

2.3 STREET ADDRESS: P.O. BOX 4

2.4 CITY-ST-ZIP: DUNNELLON, FLORIDA 34430

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME: PO DULEY, CONSTANCE

4.3 STREET ADDRESS: P.O. BOX 802

4.4 CITY-ST-ZIP: DUNNELLON, FLORIDA 34430

5.1 TITLE: Change Addition

5.2 NAME: D LEROUX, J.D.

5.3 STREET ADDRESS: 149 BROCK STREET

5.4 CITY-ST-ZIP: THAMESFORD, ONTARIO NOM 2M0 CANADA

6.1 TITLE: Change Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 amendment with an address).

SIGNATURE:  **Gary E. Braley** April 19, 1995 (519) 285-3940

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type/Issue #)