

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **A29074**  
1. Corporation Name

RAINBOW ACRES DEVELOPMENT CORPORATION

Principal Place of Business: 149 Brock Street, Thamesford, Ontario, NOM 2M0  
Mailing Address: 149 Brock Street, Thamesford, Ontario, NOM 2M0

3. Date Incorporated or Qualified: 11/05/1984  
3a. Date of Last Report: 05/01/95  
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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
Oswald, Douglas H.  
21 Northeast First Avenue  
Ocala, Florida 34470

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City  
B5. 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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CD	<input type="checkbox"/>
NAME	Braley, Gary E.	
STREET ADDRESS	149 Brock Street	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	
TITLE	VD	<input type="checkbox"/>
NAME	Leroux, George D.	
STREET ADDRESS	149 Brock Street	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	
TITLE	VD	<input type="checkbox"/>
NAME	Rogers, R.F.	
STREET ADDRESS	P.O. Box 4	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	
TITLE	PO	<input type="checkbox"/>
NAME	Duley, Constance	
STREET ADDRESS	P.O. Box 802	
CITY-ST-ZIP	Dunnellon, Florida 34430	
TITLE	SO	<input type="checkbox"/>
NAME	Koebel, E. Jane	
STREET ADDRESS	149 Brock Street	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	
TITLE	TO	<input type="checkbox"/>
NAME	Brillon, Michel G.	
STREET ADDRESS	149 Brock Street	
CITY-ST-ZIP	Thamesford, Ontario NOM 2M0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Rogers, R.F.		
3.3 STREET ADDRESS	11990 South William Street		
3.4 CITY-ST-ZIP	DUNNELLO, FLORIDA 34430		
4.1 TITLE	P.O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Duley, Constance		
4.3 STREET ADDRESS	11574 KENNESAW RD.		
4.4 CITY-ST-ZIP	DUNNELLO, FLORIDA 34431		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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 119.07(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 attachment with an address.

SIGNATURE: Gary E. Braley Date: April 24, 1996 Daytime Phone #: (519) 285-3940

CR2E034 (12/95)