

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 # H37074 (2)

1. Corporation Name

SUWANNEE RAINBOW ENTERPRISES INC.



Principal Place of Business

RT 2, BOX 77  
LIVE OAK FL 32060

Mailing Address

RT. 2 BOX 77, N/A  
LIVE OAK FL 32060  
US

2. Principal Place of Business

21 9035 85 PLACE

Suite, Apt. #, etc.

22 City & State

23 LIVE OAK FL.

24 Zip

25 32060

Country

26 U.S.A.

2a. Mailing Address

26 9035-85 PLACE

Suite, Apt. #, etc.

27 City & State

28 LIVE OAK FL.

29 Zip

30 32060

Country

USA

3. Date Incorporated or Qualified

01/08/1985

3a. Date of Last Report

04/03/1995

4. FEI Number

59-2494821

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

HAWTHORNE, L. C.  
103 UNION AVE  
LIVE OAK FL 32060

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 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

NOTED: Registered Agent Signature required when not filing

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME DAVIS, RUSSELL W.  
STREET ADDRESS RT 2, BOX 77  
CITY-ST-ZIP LIVE OAK FL

☐ DELETE

TITLE VD  
NAME AMIRIN, ALBERTO  
STREET ADDRESS 4310 N.W. 69TH STREET  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE STD  
NAME DAVIS, BARBARA L.  
STREET ADDRESS RT 2, BOX 77  
CITY-ST-ZIP LIVE OAK FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

9035 85 PLACE  
LIVE OAK FL. 32060

9035 85 PLACE  
LIVE OAK FL. 32060

SIGNATURE:

RUSSELL W. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-96

Date

1-904364-6616

Daytime Phone #

CR2E034 (12/95)