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Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

**8035 85 PLACE  
LIVE OAK FL 32060  
US**

**8035 85 PLACE  
LIVE OAK FL 32060-7312  
US**



3. Date Incorporated or Qualified

**01/08/1985**

3a. Date of Last Report

**03/22/1996**

4. FEI Number

**59-2494821**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24** Country

**25** Country

**29** Country

**30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 of officer or director of the corporation and title (if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD  
DAVIS, RUSSELL W.  
8035 85 PLACE  
LIVE OAK FL**

11 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

**VD  
AMRIN, ALBERTO  
4310 N.W. 69TH STREET  
GAINESVILLE FL**

12 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

**STD  
DAVIS, BARBARA L.  
8035 85 PLACE  
LIVE OAK FL**

13 STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ DELETE

**41  
DAVIS, BARBARA L.  
8035 85 PLACE  
LIVE OAK FL**

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**42  
DAVIS, BARBARA L.  
8035 85 PLACE  
LIVE OAK FL**

15 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

**43  
DAVIS, BARBARA L.  
8035 85 PLACE  
LIVE OAK FL**

16 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

**44  
DAVIS, BARBARA L.  
8035 85 PLACE  
LIVE OAK FL**

17 STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ DELETE

**45  
DAVIS, BARBARA L.  
8035 85 PLACE  
LIVE OAK FL**

18 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RUSSELL W. DAVIS PRES.**

**1-10-97 1-904-364-6616**

DATE DAYTIME PHONE #

CR2E034 (9/96)