

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J02516

1. Corporation Name

RAINBOW MINI-STORAGE, INC.

Principal Place of Business

~~LAURENCE J. COLE, JR.~~
9823 W. HILLSBOROUGH AVE.
TAMPA FL 33615

Mailing Address

% LAWRENCE J. COLE, JR.
9823 W. HILLSBOROUGH AVE.
TAMPA FL 33615

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90087 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1986

4. FEI Number

59-2717717

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 c/o Alice Cole

Suite, Apt. #, etc.

22 9823 W. Hillsborough Ave

City & State

23 Tampa FL

Zip

24 33615

Country

25 USA

2a. Mailing Address

26 c/o Alice Cole

Suite, Apt. #, etc.

27 11513 Arca Rd

City & State

28 Tampa FL

Zip

29 33618

Country

30 USA

10. Name and Address of New Registered Agent

81 Name

Alice Cole

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

11513 Arca Rd

83

84

City

Tampa

FL

85 Zip Code

33618

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

Alice C. Cole

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COLE, LAWRENCE J., JR.
STREET ADDRESS 9823 W. HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL

☒ DELETE

Deceased

TITLE STD
NAME COLE, ALICE C.
STREET ADDRESS 9823 W. HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA 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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

President, Treasurer, & Secretary
& Director

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Director

Daniel Cole

2821 N.W. 106th Ave

Coconut Springs, FL 33065

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Alice C. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

Date

813 935-0890

Daytime Phone #

CR2E034 (11/98)