

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # J22565

(2)

1. Corporation Name

RAINTREE MARKETING, INC.

Principal Place of Business

Mailing Address

% RICHARD KULLMAN
173 RAIN TREE DRIVE
LONGWOOD FL 32779

% RICHARD KULLMAN
173 RAIN TREE DRIVE
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1986

3a. Date of Last Report

07/08/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

301 N. FERN CREEK AVE

22

City & State

27

Suite, Apt. #, etc.

SUITE B

23

City & State

28

ORLANDO FL

24

Zip

Country

29

32803

Country

ORANGE

4. FEI Number

59-2702396

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

9. Name and Address of Current Registered Agent

KULLMAN, RICHARD
173 RAIN TREE DRIVE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

SCOTT W. MAKHOEFER CPA

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

301 N FERN CREEK AVE SUITE B

83

84 City

ORLANDO

FL

85 Zip Code

32803

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

Scott W. Makhoef

SCOTT W. MAKHOEFER CPA

7-19-95

(Signature, typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PM
NAME	KULLMAN, RICHARD
STREET ADDRESS	173 RAIN TREE DRIVE
CITY, ST, ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL 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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
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, or an attachment with an address.

SIGNATURE:

Richard H. Kullman
Richard H. Kullman

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (3/95)