

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:15

DOCUMENT # J83142

(6)

1. Corporation Name

RAINBOW LANES, INC.

Principal Place of Business

1225 S. HIGHLAND
CLEARWATER FL 34616

Mailing Address

1225 S. HIGHLAND
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1987

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2834349

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILL PETTINATO
1540 CHUKAR RIDGE
PALM HARBOR FL 34683

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 Agent or predecessor of registered agent and time of application

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

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WONG, KIM BO	1.2 NAME	
STREET ADDRESS	2365 NURSERY RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	1.4 CITY- ST- ZIP	
TITLE	T	2.1 TITLE	☒ Change ☐ Addition
NAME	WONG, JUDY	2.2 NAME	
STREET ADDRESS	2365 NURSERY ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	☒ Change ☒ Addition
NAME	PETTINATO, BILL A.	3.2 NAME	
STREET ADDRESS	1540 CHUKAR RIDGE	3.3 STREET ADDRESS	
CITY- ST- ZIP	PALM HARBOR FL	3.4 CITY- ST- ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	PETTINATO, LUCY	4.2 NAME	
STREET ADDRESS	2480 ALHAMBRA CT	4.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.02(3)(b), 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:

Bill A. Pettinato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill A. PETTINATO

Title

1-10-95

813.442-8167

Telephone Number