

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 11 01:30

DOCUMENT # K81034 (6)

1. Corporation Name

RAINBOW AUTO SALES OF PENSACOLA, FL

Principal Place of Business

6300 NORTH PALAFOX
P O BOX 6472
PENSACOLA FL 32503

Mailing Address

6300 NORTH PALAFOX
P O BOX 6472
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1989

3a. Date of Last Report

05/20/1994

4. FEI Number

59-2971174

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHASE, JAMES L.
101 E GOVERNMENT ST
PENSACOLA FL 32501

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PT	KIHLSTADIUS, REGINNIA	224 BOBWHITE DR PENSACOLA FL	
VPS	KIHLSTADIUS, REGINNIA	224 BOBWHITE DR PENSACOLA FL	

1. TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PT	KIHLSTADIUS, THOMAS J.	2013 SADDLE BROOK PENSACOLA FLA. 32526	
VPS	KIHLSTADIUS, REGINNIA	2013 SADDLE BROOK PENSACOLA FLA. 32526	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

6-9-95 (904) 479-8614