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

FILED May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** L35915 (2) RAINBOW LANDSCAPING SERVICES, INC. Principal Place of Business Mailing Address NGRANT G MARCHER **WGRANT G MARCHER** 710 WASHBURN RD. #5 275 DESOTO PARKWAY DO NOT WRITE IN THIS SPACE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 3. Date Incorporated or Qualified 12/08/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2987062 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MARCHER, GRANT G 275 DESOTO PARKWAY Street Address (P.O. Box Number is Not Acceptable) **SATELLITE BEACH FL 32937** 83 City Zip Code 85 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 requ vhen reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME MARCHER, GRANT G 1.2 NAME CR2E034 275 DESOTO PARKWAY STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME MARCHER, PATRICIA R 2.2 NAME STREET ADDRESS 275 DESOTO PARKWAY 2.3 STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 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 of the receiver of trustee oppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or an an attachment with programs.

61 TITLE

62 NAME

63 STREET ADDRESS

■ DELETE

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition