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

Mailing Address

%GRANT G MARCHER

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L35915

1. Corporation Name

Principal Place of Business

%GRANT G MARCHER

RAINBOW LANDSCAPING SERVICES, INC.

710 WASHBURN RD. #5 SATELLITE BEACH FL 32937		275 DESOTO PARKWAY SATELLITE BEACH FL 32937		DO NOT WRITE IN THIS SPA	ACE	
US				Date Incorporated or Qualifed 12/08/1989		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2987062	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangi		
24	25	29 30		1 Crostitut 1 Taporty 1 Carl	Yes ☑No	
	9. Name and Address of Curren	t Registered Agent	94 N===	10. Name and Address of New Registered Age	nt	
MAD	CHED CDANT C		81 Name	,		
MARCHER, GRANT G 275 DESOTO PARKWAY			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
	ELLITE BEACH FL 32937		-			
	LEGIE BEACHTE 02001		83			
			84 City	FL ⁸	5 Zip Code	
44 5	4. 4	2 and 607 1509 Elorido Statutos th	o above named co		nging its registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was authoritions of, Section 607.0505, Florida S	ized by the corpora Statutes.	rporation submits this statement for the purpose of characteristion's board of directors. I hereby accept the appointment	ent as registered	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·					
	Signature, typed or printed name of registered agen		ered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
12.	PD OFFICERS AN		.1 TITLE		Change	
TITLE	MARCHER, GRANT G		2 NAME			
NAME	275 DESOTO PARKWAY		.3 STREET ADDRESS			
STREET ADDRESS	SATELLITE BEACH FL		4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	STD		1 TITLE		Change	
	MARCHER, PATRICIA R	_	.2 NAME			
NAME STREET ADDRESS	275 DESOTO PARKWAY		3 STREET ADDRESS			
	SATELLITE BEACH FL		4 CITY-ST-ZIP		:	
CITY-ST-ZIP TITLE	OATECUTE OFFICIAL		LI TITLE		Change	
NAME			.2 NAME	•		
STREET ADDRESS	,		.3 STREET ADDRESS			
CITY-ST-ZIP			.4. CITY-ST-ZIP			
TITLE			,1 TITLE		Change	
NAME		4	. 2 NAME			
STREET ADDRESS		4	.3 STREET ADDRESS			
CITY-ST-ZIP		4	4 CITY-ST-ZIP	<u></u>		
TITLE	,		.1 TITLE	· · · · · · · ·	Change Addition	
NAME		5	3.2 NAMÉ			
STREET ADORESS	•	5	3.3 STREET ADDRESS			
CITY-ST-ZIP			.4 CITY-ST-ZIP			
TITLE	1	☐ DELETE 6	i.1 TITLE		Change	
NAME		6	3.2 NAME			
STREET ADDRESS		6	3.3 STREET ADDRESS	•		
CITY-ST-ZIP		6	i.4 CITY+ST-ZIP			

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 of 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, of or an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90073 015 ***150.00