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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M29349

RAINBOW LAWN CARE, INC.

Principal Place of Business Mailing Address								,  16		
117 ORANGE ROAD N.W. 117 ORANGE ROAD N.V. LAKE PLACID FL 33852 LAKE PLACID FL 33852				1.			DO NOT WRITE I	N THIS SPACE	<i>.</i>	
		_					3. Date Incorporated or Qualifed		-	•
	•	•					03/24/1986			
2. Principal F	Place of Business	2a. Mailir	ng Address				4. FEI Number		Applied F	or
21	ideo or Eddinese	26					59-2656975	. –	Not Appli	cable
Suite, Apt.	. #. etc.		, Apt. #, etc.				<u> </u>	\$8.	75 Addition	nal ·
22		27	•				5. Certifcate of Status Desired	Fe	e Required	
City & Sta	te		& State				6. Election Campaign Financing	\$5	.00 May B	le
23		28					Trust Fund Contribution		ded to Fees	
Zip	Country	Zip		Coun	ntry		8. This corporation owes the current	year Intangible		
24	25	29		30			Personal Property Tax.	Yes	□ No	
	9. Name and Address of Curr	rent Registered	Agent				10. Name and Address of New Regi	stered Agent		
		.r ·.		]	81 N	ame				
	CHAN, EDWARD			-	82 S	reet Addre	ess (P.O. Box Number is Not Acceptable)	) .		
	0 SW 5TH STREET						The said of the sa	in a mala salah	4 5 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
MAł	RGATE FL				83					
				l.	84 C	itv	1.2 ( ) 1.3 ( ) 1.3 ( ) 1.4 ( ) 1.4 ( ) 1.5 ( ) 1.5 ( )	85	Zip Code	: 17.
						•		FL   T		}
office of agent. I a	am familiar with, and accept the obli	igations of, Section.  *	ch change was a on 607.0505, Flo	authorized orida Statu	by the tes.	corporatio	oration submits this statement for the punn's board of directors. I hereby accept the			-   d
agent. I a SIGNATURE 12.	am familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS	igations of, Section.  *	ch change was a on 607.0505, Flo	euthorized orida Statut	by the tes. Agent sign	corporatio	in's board of directors. I hereby accept the state of the	DATE ERS AND DIRE	CTORS IN	- 12
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Margaret Duchan,

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90025 038 \*\*\*150.00