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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N93000003565 (9)**

1. Corporation Name

RAINBOW SQUARES INCORPORATED OF DUNNELLON, FLORIDA

Principal Place of Business	Mailing Address
SANDY OAK MOBILE HOME PARK REC HALL 6760 N. LECANTO HWY BEVERLY HILLS FL 34465 US	C/O WALTER L. MORRIS, JR 6838 E. QUEENSBURY LN. INVERNESS FL 34452-8717 US

3. Date Incorporated or Qualified: **08/06/1993**
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: C/O ALBERT P. MARTINEZ
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: 23013 W. Hwy 40 POBox 328
City & State — 23:
City & State — 28: DUNNELLON FL
Zip — 24:
Country — 25:
Zip — 29: 34440
Country — 30: USA

4. FEI Number: **59-3191629** ☐ 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

9. Name and Address of Current Registered Agent

MORRIS, WALTER L JR
6838 E. QUEENSBURY LN
INVERNESS FL 34452

10. Name and Address of New Registered Agent

81 Name: MARTINEZ, ALBERT P.
82 Street Address (P.O. Box Number is Not Acceptable): 23013 W. HWY 40
83: P.O. BOX 328
84 City: DUNNELLON FL 85 Zip Code: 34440

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: ALBERT P. MARTINEZ — Albert P. Martinez — MAR 14, 1997
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	PD HALL, SPARKY 1571 E. SHERIDAN LANE HERNANDO FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MARTINEZ, ALBERT P. 23013 W. HWY 40, POBOX 328 DUNNELLON, FL 34440	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORRIS, WALTER L JR 6838 E. QUEENSBURY LN INVERNESS FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD ABELL, RAYMOND P. 4153 N. WHISPERING OAK LOOP BEVERLY HILLS, FL 34465	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTINEZ, ALBERT P. 23013 W. HWY. 40, PO BOX 328 DUNNELLON FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD HALL, SPARKY 1571 E. SHERIDAN LN HERNANDO, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NEWS, ESTHER 1045 W. KINGSWAY PL. CITRUS SPRINGS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert P. Martinez — 2-14-97 — 352-489-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065388