

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 12 PM 3:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P04449

(5)

1. Corporation Name

RAINBOW TRAVEL TOURS, INC.

Principal Place of Business

**9706 STRINGFELLOW ROAD, A-3
ST. JAMES CITY FL 33956**

Mailing Address

**9706 STRINGFELLOW ROAD, A-3
ST. JAMES CITY FL 33956**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1984

3a. Date of Last Report

03/23/1994

4. FEI Number

59-2454301

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

21 9846 STRINGFELLOW RD

2a. Mailing Address

26 9846 STRINGFELLOW RD

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 ST. JAMES CITY, FL

City & State

28 ST. JAMES CITY, FL

Zip

24 33956

Country

25 LEE

Zip

29 33956

Country

30 LEE

9. Name and Address of Current Registered Agent

**MILLER, ROBERT F.
9706 STRINGFELLOW ROAD, A-3
ST. JAMES CITY FL 33956**

10. Name and Address of New Registered Agent

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 remitting

DATE

12. OFFICERS AND DIRECTORS

TITLE
PTD
NAME
MILLER, ROBERT F.
STREET ADDRESS
2525 - 8TH AVENUE
CITY - ST - ZIP
ST. JAMES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(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: ☒

Robert F. Miller (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95 **293-2114**

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