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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043663

1. Corporation Name

RAINBOW MARINE SERVICES, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90052 009 ***150.00



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Principal Place of Business Mailing Address				f (SEffifiat tie teine fill) deilt fann aant aant ares inte ante			18 WICES 1711 1887	
31717 PROGRESS ROAD 31717 PROGRESS ROAD								
LEESBURG FL 34748 LEESBURG FL 34748					DO NOT WRITE IN THIS SPACE			
}					3. Date Incorporated or Qualifed			
					06/03/1993			ļ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		TA	pplied For
21	and the second s	26			59-3190534		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27			5. Certificate of Status Desired		Fee R	equired
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the curre			
24	25	29]30]		Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered Agent		31 Name	10. Name and Address of New R	egisterea A	gent	
Wilk	KES RRIAN I]	Name				
WILKES, BRIAN J 31717 PROGRESS RD			Ī	32 Street A	Address (P.O. Box Number is Not Accepta	ble)		
LEESBURG FL 34748			L.	13			<u>·</u>	
	000101204740		1					
			Ī	34 City		FL	85 Zip	Code
11 Bussiant	to the provisions of Sections 607.050	2 and 607 1508 Elorida Statut	tee the ab	we-named o	corporation submits this statement for the		hanging it:	s registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorized I	by the corpo	ration's board of directors. I hereby accep	t the appoin	tment as r	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fig	onda Statut	es.				ļ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE	F: Registered A	nent signature re	quired when reinstating)	DATE		
	Organization to present the control of the control							
12.	OFFICERS AN	ID DIRECTORS	13.	gorn bignaturo ta	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE							DIRECT	ORS IN 12
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TITLE	PD Wilkes, Brian Jackson	ID DIRECTORS	13. 1.1 T/TL 1.2 NAM	· · ·				
TITLE NAME	PD WILKES, BRIAN JACKSON 6839 TUSCAWILLA DRIVE	ID DIRECTORS	13. 1.1 T/IL 1.2 NAW 1.3 STR	E E				
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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.

SIGNATURE:

04/08/99

(352) 326-8030