

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # P93000066836 (6)

1. Corporation Name

RAINBOW HARVESTING, INC.

Principal Place of Business

112 SAMUEL AVE.
LAKE PLACID FL 33852

Mailing Address

112 SAMUEL AVE.
LAKE PLACID FL 33852



3. Date Incorporated or Qualified
09/20/1993

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, ANDREW B ATTY
150 N. COMMERCE AVE.
SEBRING FL 33871

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 of registered agent and date of application.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P AUGUSTINE, ZEPHRIN ☐ DELETE

NAME
112 SAMUEL AVE
LAKE PLACID FL

CITY- ST- ZIP

TITLE S AUGUSTINE, NORMA ☐ DELETE

NAME
112 SAMUEL AVE
LAKE PLACID FL

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Zephrin Augustine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

941) 465-1953

CR2E034 (12/95)