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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000008959 (6)**

1. Corporation Name  
**RAINBOW CONNECTION ENTERPRISES, INC.**

Principal Place of Business <b>PO BOX 2628 PLANT CITY FL 33564</b>	Mailing Address <b>PO BOX 2628 PLANT CITY FL 33564</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/26/1994</b>		3a. Date of Last Report	
2. Principal Place of Business 21 <b>118 So. Westshore Blvd</b>	2a. Mailing Address 26 <b>118 So Westshore Blvd</b>	4. FEI Number <b>59-3218696</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b># 326</b>	Suite, Apt. #, etc. 27 <b># 326</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>Tampa</b>	City & State 28 <b>Tampa</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33609</b>	Country	25	
Zip 29 <b>33609</b>	Country	30	
9. Name and Address of Current Registered Agent <b>FREEMAN, DAVID H 714 NORTH WARNELL STREET PLANT CITY FL 33566</b>		10. Name and Address of New Registered Agent	
		81 Name <b>David H. Freeman</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>118 So. Westshore Blvd # 326</b>	
		83 <b>Tampa</b>	
		84 City	85 Zip Code <b>FL 33609</b>
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 <b>David H Freeman</b>		SIGNATURE <b>David H Freeman</b>	
DATE <b>4-27-95</b>		DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>FREEMAN, DAVID H</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>714 NORTH WARNELL STREET</b>	CITY - ST - ZIP <b>PLANT CITY FL 33566</b>	1.2 NAME	
	<b>118 So Westshore # 326 Tampa, Fla 33609</b>	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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 110.07(3)(b), 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: **David H Freeman** **April 27, 95** **800-745-4874**