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 -1 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025507 (2)**

1. Corporation Name
RAINMAKER FILMS, INC.

Principal Place of Business
108 EAST 8TH STREET
LYNN HAVEN FL 32444

Mailing Address
POST OFFICE BOX 1727
PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/31/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 535 Mercer Avenue
22 Suite, Apt. #, etc.
23 City & State: Panama City FL
24 Zip: 32401 25 Country: usa

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-3176248 ☐ 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

STRICKLAND, STAN
108 EAST 8TH STREET
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name: Stan Strickland
82 Street Address (P.O. Box Number is Not Acceptable): 535 Mercer Avenue
83
84 City: Panama City **FL** 85 Zip Code: 32401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	Stan Strickland	12 NAME	
STREET ADDRESS	115 east 2nd street	13 STREET ADDRESS	
CITY-ST-ZIP	Panama City FL 32402	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	Andrea Strickland	22 NAME	
STREET ADDRESS	115 east 2nd street	23 STREET ADDRESS	
CITY-ST-ZIP	Panama City FL 32402	24 CITY-ST-ZIP	
TITLE	S&T	31 TITLE	☐ Change ☐ Addition
NAME	Nancy Pride	32 NAME	
STREET ADDRESS	7220 Poinciana Drive, #a	33 STREET ADDRESS	
CITY-ST-ZIP	Panama City Bch, FL 32408	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	Ed Ward	42 NAME	
STREET ADDRESS	4852 Randall Pkwy	43 STREET ADDRESS	
CITY-ST-ZIP	wilmington,nc 28403	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0090793 CP