FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032895

RAINIER PROPERTIES, INC.

Principal Place of Business	Mailing Address
516 S TYNDALL PKWY STE 203	P O BOX 35217 PANAMA CITY FL 32412-217
AMA CITY FL 32404	US

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90060 037 ***150.00



Principal Place of Business Mailing Address					1 18819481 118 18331 83811 83151 88131 881	188 (1138 11401 1011 8	18161 8141 1681
516 S TYNDALL PKWY STE 203 PANAMA CITY FL 32404 US P O BOX 35217 PANAMA CITY FL 32412-217 US US					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed 05/02/1994		.
<u> </u>	T. D. L.	2a. Mailing Address			4. FEI Number	I An	plied For
···	ace of Business	- -			59-3239045	⊢ +−∸	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			_	\$8.75	
22 · 1 · 5		27			5. Certificate of Status Desired	Fee Re	I
City & State	28				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		•
Zip			Country				
24	25	29 30	<u>L</u> .,		Personal Property Tax.	Yes	□No
!	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Register	a Agent	
THO	MOCONE BONNII D		01	Name			
THOMPSON, BONNI P 8204 GRAND PALM BLVD.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	AMA CITY BEACH FL 32408		83				
			84	City	-	85 Zip (Code
				<u> </u>			registered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auth	กทรงส กง	the corpora	proration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATÜRE							
	Signature, typed or printed name of registered ag			ent signature requ	ADDITIONS/CHANGES TO OFFICERS		7PS IN 12
<u>12.</u>		ND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D ATTEMENT	DELETE					
NAME ,	JOLIVETTE, STEVEN L		1.2 NAME				
STREET ADDRESS	8204 GRAND PALM BLVD.	100		T ADDRESS			Ì
CITY-ST-ZIP	PANAMA CITY BEACH FL 324	TUS □ DELETE	1.4 CITY-5	ST-ZIP		[] Change	Addition
TITLE ,	D	□ persi¢	2.1 TITLE	Ì	•	Cloudings	
NAME	THOMPSON, BONNI P		2.2 NAME				
STREET ADDRESS	8204 GRAND PALM BLVD.	***		TADDRESS		•	ļ
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE			□ Chánge	Addition
TITLE	<u> </u>						
NAME .	VALUE, KEINETT		3.2 NAME	- 1			{
STREET ADDRESS	909 BRANDIS AVE			ET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32405	□ DELETE	3.4, CITY- 4.1 TITLE	51-ZIP		Change	Addition
TITLE		[-] Detric	4. 2 NAME	.			-
NAME '				T ADDRESS			Ì
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Change	Addition
TITLE			5.2 NAME	I .		_ *	
NAME				ET ADDRESS			\
STREET ADDRESS			5.4 CITY-	1			}
CITY-ST-ZIP		□ DELETE	6.1 TITLE			Change	Addition
TITLE ,			6.2 NAME	1			-
NAME				ET ADDRESS	-		
STREET ADDRESS			64 CITY	Į			Į

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 suppliemental 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 cooperation 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 a address, with all other like empowered.

SIGNATURE