

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000058611 (1)

1. Corporation Name  
RAINFLOW OF TAMPA BAY, INC.

Principal Place of Business  
6207 NORTH FLORIDA AVE.  
TAMPA FL 33604

Mailing Address  
6207 NORTH FLORIDA AVE.  
TAMPA FL 33604



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address |         |
| 21                             |         | 26                  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| 22                             |         | 27                  |         |
| City & State                   |         | City & State        |         |
| 23                             |         | 28                  |         |
| Zip                            | Country | Zip                 | Country |
| 24                             |         | 29                  |         |

|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified  | 3a. Date of Last Report        |
| 07/28/1995   | 04/11/1996                     |
| 4. FET Number  | Applied For                    |
| 59-3326979   | 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 owes or has paid the current year Intangible Personal Property Tax due June 30 |                                |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                |                                |

9. Name and Address of Current Registered Agent

HUNTER, DENNIS C  
6207 NORTH FLORIDA AVE.  
TAMPA FL 33604

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating.) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------|---|--|
| TITLE                      | D HUNTER, DENNIS C        | 1.1 TITLE   |  |
| NAME                       | 313 WEST LAMBRIGHT STREET | 1.2 NAME  |  |
| STREET ADDRESS             | TAMPA FL 33604            | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S HUNTER, ELENA           | 2.1 TITLE   |  |
| NAME                       | 313 W. LAMBRIGHT STREET   | 2.2 NAME  |  |
| STREET ADDRESS             | TAMPA FL                  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                           | 3.1 TITLE   |  |
| NAME                       |                           | 3.2 NAME  |  |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                           | 4.1 TITLE   |  |
| NAME                       |                           | 4.2 NAME  |  |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                           | 5.1 TITLE   |  |
| NAME                       |                           | 5.2 NAME  |  |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                           | 6.1 TITLE   |  |
| NAME                       |                           | 6.2 NAME  |  |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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.

SIGNATURE: *[Signature]* 7-17-97 1813236-5904

CR2E034 (4/97)