## 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 # P96000012490 1. Corporation Name

RAINBOW CONCRETE, INC.

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90047 039 \*\*\*150.00



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Principal Place	e of Business	Mailing Address				i jonsidal iin intis desse susic ma			, , , , , , , , , , , , , , , , , , , ,
1613 BIG BRAN									
MIDDLEBERG FI	L 32068-3116	MIDDLEBERG FL 32068-3116				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed.			
	<del></del>				_	02/05/1996			
2. Principal PI	ace of Business	2a, Mailing Address				4. FEI Number		T A	pplied For
21		26				59-3360702		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional
22		27	27			5. Certificate of Status Desired		Fee R	equired
City & State	9	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	ip Country Zip		Country			8. This corporation owes the current year Intangible			
24	25		30	.0		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent			
<u> </u>	9. Name and Address of Curre	nt Registered Agent		31 Nam		10. Name and Address of New F	kegistered /	agent	
MAG	LER, WILBUR			31 Nam	16				
1613		1	32 Stre	et Addres	s (P.O. Box Number is Not Accepta	able)		_	
1		ļ.	83						
MIDL	LEBERG FL 32068-3116			53					
			1	34 City				85 Zip	Code
							<u>FĻ</u>		
i office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida: Such change was au	:tnonzed l	ov the co	ed corpor pro <del>oratio</del> n	ation submits this statement for the 's board of directors: I hereby accep	purpose or of the appoir	changing its	agistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statut	es.		,			Ī
SIGNATURE									\
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere					ire required w	ADDITIONS/CHANGES TO OF	DATE EICEDS AN	ID DIRECT	OPS IN 12
12.		ND DIRECTORS	13. 1.1 TITL		$\neg$	ADDITIONS/CHANGES TO OF	FICERS AN	Change	
TITLE	P	- Deleve	1						_
NAME	WAGLER, WILBUR		1.2 NAW						1
STREET ADDRESS	1613 B.G. BRANCH ROAD		1	EET ADDRE	35				ľ
CITY-ST-ZIP	MIDDLEBURG FL	☐ DELETE	2.1 TITL	-ST-ZIP				☐ Change	Addition
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NAME	WAGLER, VIRGINIA								
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NAME				EET ADDRE	:55				Į.
STREET ADDRESS				-ST-ZIP	~				j
CITY-ST-ZIP		☐ DELETE	6.1 TITL		+-			Change	Addition
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CITY-ST-ZIP			6.4 CH	/-ST-ZIP					

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 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, with all other like empowered.