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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P96000056844

RAINBOW EMBROIDERY INC.

Principal Place of Business
4275 SAVANNAHS TRAIL
MEDDITT ISLAND FL 32953

Mailing Address

4275 SAVANNAHS TRAIL MERRITT ISLAND FL 32953

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90037 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/01/1996

2 Dringing Dis	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Арр	ied For	
\neg		¬ -		59-3378198		Not	Applicable		
21	# etc Suite, Apt. #, etc.						\$8.75 Additional		
Suite, Apt. #	it. #, etc.				5. Certifcate of Status D	Desired	Fee Req	uired	
22		City & State			6. Election Campaign F	inancing	\$5.00 N	lav Be	
					Trust Fund Contribut	11	Added to		
23	28				8. This corporation owe		tangible		
Zip	Country Zip Co				Personal Property Ta		☐Yes [∃No }	
24 25 29 30			<u>'</u>	10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name									
ANTHORN ALLUT A				Name	_				
SPENCER, SAMUEL S				82 Street Address (P.O. Box Number is Not Acceptable)					
4275 SAVANNAHS TRAIL									
MER	RITT ISLAND FL 32953		83						
•			84	City			85 Zip C	ode	
						FL	-		
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									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Comparison board or printed game of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 12 OFFICERS AND DIRECTORS			13.	it signature required	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTO	RS IN 12.	
		DELETE	1.1 TITLE		, , , , , , , , , , , , , , , , , , ,	<u> </u>	Change	☐ Addition	
TITLE	P '	C) pereje		ļ					
NAME	SPENCER, SAMUEL J	•	1.2 NAME						
STREET ADDRESS	4275 SAVANNAHS TRAIL		1.3 STREE	FADDRESS				ì	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		1.4 CITY-S	T- ZIP			- Channa	Addition	
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NAME	SPENCER, SAMUEL J		2.2 NAME.				,	1	
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TITLE			6.2 NAME						
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STREET ADDRESS		•						Į.	
CITY-ST-ZIP	\$2		6.4 CITY-	ST-ZIP	Section 119.07(3)(i), Florida	Ctatutos I further a	artifu that the li	nformation	
	فأنهم المرمنا والمراجع	h this filing done not qualify for t	he evemn	tion stated in S	Section 119.0/(3)(I), Florida	a platities. I further c	cany material		

Interest 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.

SIGNATURE