

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90143 020 ***150.00

DOCUMENT # P98000067348

1. Corporation Name

RAINBOW ENTERPRISES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

3151 COOPER ST., UNIT 51
PUNTA GORDA FL 33950

Mailing Address

3151 COOPER ST., UNIT 51
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1998

4. FEI Number

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11711 Thornton Ave

Suite, Apt. #, etc.

22 Arcadia, FL

City & State

23 34 266-4453

Zip

Country

24

25

2a. Mailing Address

26 11711 Thornton Ave

Suite, Apt. #, etc.

27 Arcadia, FL

City & State

28 34266-4453

Zip

Country

29

30

9. Name and Address of Current Registered Agent:

10. Name and Address of New Registered Agent

WIDMEYER, STEPHAN B
3871-A TAMAMI TRAIL
PORT CHARLOTTE FL 33952

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Rodney L. Bowman
STREET ADDRESS 11711 Thornton Ave
CITY-ST-ZIP Arcadia, FL 34266-4453

TITLE ☐ DELETE

NAME Cheryl L. Bowman
STREET ADDRESS 11711 Thornton Ave
CITY-ST-ZIP Arcadia, FL 34266-4453

TITLE ☐ DELETE

NAME Cheryl L. Bowman
STREET ADDRESS 11711 Thornton Ave
CITY-ST-ZIP Arcadia, FL 34266-4453

TITLE ☐ DELETE

NAME Rodney L. Bowman
STREET ADDRESS 11711 Thornton Ave
CITY-ST-ZIP Arcadia, FL 34266-4453

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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.

SIGNATURE:

Rodney L. Bowman
SIGNATURE OF RODNEY L. BOWMAN

4-19-99

Date

941-637-0237

Daytime Phone #

CR2E034 (11/98)