

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90010 049 \*\*\*550.00

DOCUMENT # **P98000107518**

Corporation Name

**RAINMAKER MARKETING GROUP, INC.**

Principal Place of Business

~~9-108TH AVENUE-~~

~~STE 302~~

~~EASURE ISLAND FL 33706~~

Mailing Address

~~110-108TH AVENUE-~~

~~SUITE 302~~

~~TREASURE ISLAND FL 33706~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/29/1998**

4. FEI Number

**59-354-8502**

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.

☒ Yes ☐ No

Principal Place of Business

**5999 CENTRAL AVENUE**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**ST. PETERSBURG, FL**

Zip

**33710**

Country

**USA**

2a. Mailing Address

**5999 CENTRAL AVENUE**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**ST. PETERSBURG, FL**

Zip

**33710**

Country

**USA**

9. Name and Address of Current Registered Agent

**EKONOMIDES, NICKOLAS C**

**201 N. FRANKLIN STREET**

**SUITE 2350**

**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

**EKONOMIDES, NICKOLAS C.**

82 Street Address (P.O. Box Number is Not Acceptable)

**201 E. KENNEDY BLVD.**

83

**SUITE 1130**

84 City

**TAMPA**

**FL**

85 Zip Code

**33602**

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

*Nickolas C. Ekonomides* **NICKOLAS C. EKONOMIDES** **8/27/99**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE  
P, S, T, D  
RICHARD A. THOMAS  
5999 CENTRAL AVE., SUITE 200  
ST. PETERSBURG, FL 33710

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

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

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.

SIGNATURE:

*Richard A. Thomas* **Richard A. Thomas** **7/30/99 727-381-8800**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (5/99)