FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1	20 11	7	DIVISION OF CORPORATIONS									
DOCUMENT #		V22170		(7)								
1. Corporation Name RAINBOW TRANSMISSION & AUTO AIR CONDITIONING, IN C.												
Principal Place	of Business		Mailing	y Address					II) 10VII	8811 BI S 11 BII	811 #1811 #18 11	#1#11 #1#10 1# # 1
16373 S TAMI FT MYERS FL US			APT	BROADWAY ST 13 AYERS FL 33901						7.5.5.		
								 Date incorporated or Quality 03/12/1992 	alineci	3a. Dai	te of Last R 6/05/19	95 95
2. Principal Pla	ice of Business		2a. Ma	ailing Address				4. FEI Number 65-0324330			├ —	Applied For Not Applicable
Suite, Apt. #	≠, etc.		 '	ite, Apt. #, etc.				5. Certificate of Status Desi	red		•	Additional Required
City & State		. A	28	ty & State				Election Campaign Finan Trust Fund Contribution	cing		+	0 May Be d to Fees
Zip 24	25	Country	7 g)	Cour 30	itry			☐ Yes	□No		199.032,
	9. Name and	Address of Current	Register	ed Agent		81	Name	10. Name and Address of	New F	tegistered	Agent	
PERRY, 3706 BR APT 13	DENNIS ROADWAY ST					82 83	Street Add	dress (P.O. Box Number is Not Ad	ceptat	ole)		
	RS FL 33901					84	City			FI	85 Z	p Code
or register	ed agent, or both th, and accept the	i, in the State of Flandda	. Such ch	nange was authoriz 05, Florida Statutes SENWIS	ed by the c		oration's bo	oration submits this statement for aird of directors. Thereby accept the control of the control	the pu he app	ruese of r pintment a	nanging its as registered	registered official agent. I am
12.		OFFICERS AND	DIRECTO		13.			ADDITIONS/CHANGES	O OFF	ICERS AN		·
TITLE NAME	PERRY, DE	NNIS .DWAY ST #13	□ DELETÉ		1 2 NA	1 3 TITLE 1 2 NAME					Change	Addition
STREET ADDRESS CITY+ST-ZIP	FT MYERS				1.3 ST 1.4 CF		ADDRESS					
TITLE				DELETE	2 1 T	~					Change	Addition
NAME					2 2 NA							
STREET ADDRESS CITY-ST-ZIP					2351	-	ADORESS IT - 7IP					
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NAME					3 2 NA	ME						
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CITY - ST - ZIF				DELETE	3 4 C)		SI - ZIF				[] Change	Addition
TITLE				☐ percit	4 1 1 4 2 N						L.J. Change	<u> </u>
NAME	1				■ 4 5 M·	TIMEL	1					

14. To hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this armula 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY ST-ZP

5.4 CHY - ST - 74F

4.4 CiTY - ST - ZIP

5 1 TiT.E

5.2 NAME

6 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change Addition

■ Addition

CR2E034 (12/95)