

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V68012** (6)

1. Corporation Name

**RAINBOW ADVERTISING, INC.**



Principal Place of Business

Mailing Address

**2831 RINGLING BLVD  
SUITE 217-E  
SARASOTA FL 34237**

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SUITE 217-E  
SARASOTA FL 34237**

3. Date Incorporated or Qualified

**10/01/1992**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **26** **P.O. Box 49827**

4. FEI Number

**65-0361709**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 **25** **29** **34230** **30** **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, SCOTT E  
1800 SECOND STREET  
SUITE 855  
SARASOTA FL 34236**

81 Name

**Tim Gensmer**

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

83

**2831 Ringling Blvd., Suite 202A**

84 City

**Sarasota,**

**FL**

85

**Zip Code  
34237**

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

*Tim Gensmer*  
Signature, typed or printed name of registered agent and title if applicable

**Tim Gensmer**

**04/15/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SCHMOYER, BARRY E**  
STREET ADDRESS **4932 HIDDEN OAKS TR**  
CITY-ST-ZIP **SARASOTA FL 34232**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CARBONE, CARMINE R**  
STREET ADDRESS **26 E MAIN STREET**  
CITY-ST-ZIP **BRANFORD CT 06405**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barry E. Schmoeyer**

**04/15/96**

Daytime Phone #

CR2E034 (12/95)