

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51160

Entity Name: RAINBOW RINKS, INC.

Current Principal Place of Business:

12029 S. ISTACHATTA RD.
FLORAL CITY, FL 34436

Current Mailing Address:

12029 S ISTACHATTA RD
FLORAL CITY, FL 34436 US

FEI Number: 59-2135198

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, H. EUGENE
12029 S. ISTACHATTA RD
FLORAL CITY, FL 34436 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DPT
Name MORRIS, H. EUGENE
Address 12029 S. ISTACHATTA RD
City-State-Zip: FLORAL CITY FL 34436

Title VSD
Name MORRIS, H. EUGENE
Address 12019 S. ISTACHATTA RD
City-State-Zip: FLORAL CITY FL 34436

Title SEC
Name MORRIS, H. EUGENE
Address 12019 S. ISTACHATTA RD.
City-State-Zip: FLORAL CITY FL 34436

Title TRES
Name MORRIS, H. EUGENE
Address 12029 S. ISTACHATTA RD.
City-State-Zip: FLORAL CITY FL 34436

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: H. EUGENE MORRIS

PRES

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date