

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 APR 28 PM 5:55

**DOCUMENT # H29074 (2)**  
1. Corporation Name  
**RAINBOW ACRES DEVELOPMENT CORPORATION**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**149 BROCK STREET  
P.O. BOX 100  
THAMESFORD, ONTARIO, CANADA**      **149 BROCK STREET  
P.O. BOX 100  
THAMESFORD, ONTARIO, CANADA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/05/1984**      **05/01/1994**

4. FEI Number      Applied For / Not Applicable  
**59-2659779**

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

9. Name and Address of Current Registered Agent  
**OSWALD, DOUGLAS H.  
21 N.E. 1ST AVE.  
OCALA FL 32670**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL      B5 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 the # applicable      (NOTE: Registered Agent signature required when registering)      DATE

**12. OFFICERS AND DIRECTORS**

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <b>PD</b>                       |
| NAME            | <b>BEATY, W.H.</b>              |
| STREET ADDRESS  | <b>149 BROCK ST. THAMESFORD</b> |
| CITY - ST - ZIP | <b>ONTARIO, CANADA</b>          |
| TITLE           | <b>VD</b>                       |
| NAME            | <b>ROGERS, ROBERT F.</b>        |
| STREET ADDRESS  | <b>104 WILLIAMS STREET</b>      |
| CITY - ST - ZIP | <b>DUNNELLON FL</b>             |
| TITLE           | <b>STD</b>                      |
| NAME            | <b>BRALEY, G.E.</b>             |
| STREET ADDRESS  | <b>149 BROCK ST. THAMESFORD</b> |
| CITY - ST - ZIP | <b>ONTARIO, CANADA</b>          |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <b>Deceased</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>BEATY W.H.</b>  |
| 1.3 STREET ADDRESS  | <b>149 BROCK STREET</b>  |
| 1.4 CITY - ST - ZIP | <b>THAMESFORD, ONTARIO NOM 2M0 CANADA</b>  |
| 2.1 TITLE           | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| 2.2 NAME            | <b>ROGERS, ROBERT F.</b>   |
| 2.3 STREET ADDRESS  | <b>P.O. BOX 4</b>  |
| 2.4 CITY - ST - ZIP | <b>DUNNELLON, FLORIDA 34430</b>  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <b>PO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| 4.2 NAME            | <b>DULEY, CONSTANCE</b>  |
| 4.3 STREET ADDRESS  | <b>P.O. BOX 802</b>  |
| 4.4 CITY - ST - ZIP | <b>DUNNELLON, FLORIDA 34430</b>  |
| 5.1 TITLE           | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| 5.2 NAME            | <b>LEROUX, J.D.</b>  |
| 5.3 STREET ADDRESS  | <b>149 BROCK STREET</b>  |
| 5.4 CITY - ST - ZIP | <b>THAMESFORD, ONTARIO NOM 2M0 CANADA</b>  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 amendment with an address).

**SIGNATURE:**  **Gary E. Braley**      April 19, 1995      (519) 285-3940

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)