

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K44793 (3)**

1. Corporation Name

RAINBOW PLUMBING OF CENTRAL FLORIDA, INC.



Principal Place of Business

9660 HIBISCUS AVE.
SEBASTIAN FL 32976

Mailing Address

9660 HIBISCUS AVE.
SEBASTIAN FL 32976

3. Date Incorporated or Qualified
11/10/1988

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0085257

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

9. Name and Address of Current Registered Agent

**PALUMBO, THEODORE F.
9660 HIBISCUS AVE.
SEBASTIAN FL 32976**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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. Thereby 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 officer, director, or incorporator)

(Date) Registered Agent Signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	PALUMBO, ETHEL E.	
STREET ADDRESS	9660 HIBISCUS AVENUE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PALUMBO, THEODORE F.	
STREET ADDRESS	9660 HIBISCUS AVENUE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Theodore F. Palumbo	
1.3 STREET ADDRESS	9660 HIBISCUS AVE	
1.4 CITY-ST-ZIP	SEBASTIAN FL.	
2.1 TITLE	V.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAROLYN J. MARTINEZ	
2.3 STREET ADDRESS	952 LYONS CIRCLE	
2.4 CITY-ST-ZIP	NW PALM BAY FL.	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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:

Ethel Palumbo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-96
DATE

725-3288
DATE OF FILING

CR2E034 (12/95)