

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90017 007 ***150.00

DOCUMENT # **K63263**

PHUNN CORPORATION



Principal Place of Business

~~20 OSCAR HILL RD~~
~~5562 BOWLINE BEND~~
~~TARPON SPRINGS FL 34689~~
S

Mailing Address

~~20 OSCAR HILL RD~~
~~5562 BOWLINE BEND~~
~~TARPON SPRINGS FL 34689~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1989

4. FEI Number

59-3024503

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

Principal Place of Business

5157 Silent Loop

Suite, Apt. #, etc.

Suite 111

City & State

New Port Richey, FL

Zip **34652**

Country

US

2a. Mailing Address

5157 Silent Loop

Suite, Apt. #, etc.

Suite 111

City & State

New Port Richey, FL

Zip **34652**

Country

US

9. Name and Address of Current Registered Agent

GLASS, JOHN R.

~~20 OSCAR HILL RD~~

~~TARPON SPRINGS FL 34689~~

5157 Silent Loop
Suite 111
New Port Richey, FL
34652

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	1.2 NAME	1.3 STREET ADDRESS	
ST-ZIP	5157 Silent Loop	1.4 CITY-ST-ZIP	5157 Silent Loop, Suite 111
	Suite 111		New Port Richey, FL 34652
	New Port Richey, FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	34652	2.2 NAME	
ET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ST-ZIP		2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		3.2 NAME	
ST-ZIP		3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ET ADDRESS		4.4 CITY-ST-ZIP	
ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
ET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		6.2 NAME	
ST-ZIP		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

John R. Glass

7-1-99

227-847-0086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

CR2E034 (5/99)



Phunn Corporation
Computer Network Engineers

K63263
583471-90017-7



July 1, 1999

Florida Depart of State
Division of Corporations

Dear Sirs:

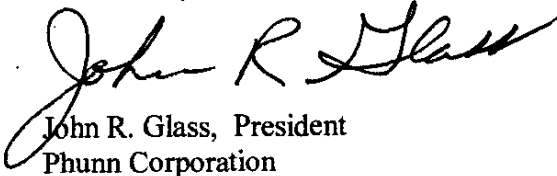
The enclosed Annual Report was received yesterday indicating that it was the second notice. However it is the first notice I have received. Evidently, the post office did not forward the first notice. This notice did come to my new address. So, the post office probably advised you of my new address. At any rate I have missed the first notice as a result of changing addresses.

Please find enclosed my check in the amount of \$150.00.

Please make note of my new address:

John R. Glass
Phunn Corporation
5157 Silent Loop, Ste. 111
New Port Richey, FL 34652
Phone 727-847-0086

Thank You,



John R. Glass, President
Phunn Corporation



~~5900 Hill Road, Tarpon Springs, FL 34689~~
~~Phone (813) 944-5811 Fax (813) 937-5866~~

