

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L23454** (6)

1. Corporation Name

PHLYNN, INC.

Principal Place of Business

Mailing Address

~~4 JAMES R. FREEMAN~~
~~201 E. KENNEDY BLVD., SUITE 1000~~
~~TAMPA FL 33602~~

~~4 JAMES R. FREEMAN~~
~~201 E. KENNEDY BLVD., SUITE 1000~~
~~TAMPA FL 33602~~



2. Principal Place of Business

2a. Mailing Address

21 **% Phil L. Betron**

26 **% Phil L. Betron**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **22327 Carson Drive**

27 **22327 Carson Drive**

City & State

City & State

23 **Land O' Lakes, FL**

28 **Land O' Lakes, FL**

Zip

Country

Zip

Country

24 **34639**

25 **USA**

29 **34639**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/17/1989

3a. Date of Last Report

08/15/1995

4. FEI Number

59-2973143

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

10. Name and Address of New Registered Agent

81 Name **Phil L. Betron**

82 Street Address (P.O. Box Number is Not Acceptable)
22327 Carson Drive

83

84 City **Land O' Lakes**

FL

85 Zip Code
34639

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

Phil L. Betron, Pres. (PHILIP L. BETRON)

8/2/96

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	BETRON, PHIL L.	
STREET ADDRESS	22327 CARSON DR.	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	V	☐ DELETE
NAME	BETRON, PHIL L.	
STREET ADDRESS	22327 CARSON DR.	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	S	☐ DELETE
NAME	BETRON, PHIL L.	
STREET ADDRESS	22327 CARSON DR.	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Phil L. Betron, Pres. (PHILIP L. BETRON) *8/2/96* *813-949-1329*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)