SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -6 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26814** **(4)**

1. Corporation Name

FUNYBIZ, INC.

Principal Place of Business	Mailing Address
195 GENE GABLES CIR. LONGWOOD FL 32779 US	801 STATE ROAD 434 SUITE 1201-277 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1989	3a. Date of Last Report: 06/23/1994		
2. Principal Place of Business — 21	2a. Mailing Address — 26	4. FEI Number: 36-3494501	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22	Suite, Apt. #, etc. — 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State — 23	City & State — 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip — 24 / County — 25	Zip — 29 / County — 30	8. This corporation has taxes for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

DOANE, DOUG
195 GENE GABLES CIR.
LONGWOOD FL 32779

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	PVS	1.1 TITLE	☐ Change ☐ Addition
NAME	DOANE, DOUG	1.2 NAME	
STREET ADDRESS	195 GENE GABLES CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	DOANE, DOUG	2.2 NAME	
STREET ADDRESS	195 GENE GABLES CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I 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)(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: Doug Doane, President 6/29/95 407 862-5577

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone

0004007 CP