

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000033671 (6)**

1. Corporation Name

SUNRUNNER PUBLICATIONS, INC.



Principal Place of Business

Mailing Address

**12416 CAPRI CIR N
TREASURE ISLAND FL 33706**

**12416 CAPRI CIR N
TREASURE ISLAND FL 33706**

2. Principal Place of Business

2a. Mailing Address

21 **4020 PARK ST N.**

26 Suite, Apt. #, etc.

22 **STE 201-A**

27 Suite, Apt. #, etc.

23 **ST Petersburg FL**

28 City & State

24 **33709**

29 Zip

25 Country

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

05/02/1994

08/08/1995

4. FEI Number

59-3251479

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

10. Name and Address of New Registered Agent

**EYCK, HOWARD TEN
12416 CAPRI CIR N
TREASURE ISLAND FL 33706**

81 Name **AUGIA F. TEN EYCK**
82 Street Address (P.O. Box Number is Not Acceptable)
4020 PARK ST N.
83 **STE 201-A**
84 City **ST Peter**

FL 85 Zip Code
33709

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

Olivia Ten Eyck

8/16/96

Signature of the person making the change (registered agent, if applicable)

(If the Registered Agent's signature is required, attach a separate page)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	☐ DELETE
NAME	EYCK, HOWARD T	
STREET ADDRESS	12416 CAPRI CIRCLE N	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 included 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:

Olivia Ten Eyck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/96

813-3456888

CR2E034 (3/96)