

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

049908

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90039 032 ***150.00

DOCUMENT # P98000028406

1. Corporation Name

RHUNTS ENGINEERING, INC.



Principal Place of Business

568 BAYWOOD DR. NORTH
PINELLAS COUNTY
DUNEDIN FL 34698

Mailing Address

568 BAYWOOD DR. NORTH
PINELLAS COUNTY
DUNEDIN FL 34698

2. Principal Place of Business

21 501 S. Paula

Suite, Apt. #, etc.

2a. Mailing Address

26 501 S. Paula

Suite, Apt. #, etc.

22

City & State

23 Dunedin, FL

Zip

24 34698

Country

25 Pinellas

28 Dunedin

City & State

27

Zip

29 34698

Country

30 Pinellas

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

59-3509551

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

HUNT, TIMOTHY L
568 BAYWOOD DR. NORTH
PINELLAS COUNTY
DUNEDIN FL 34698

81 Name

Hunt, Timothy L

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

501 S. Paula

83

Pinellas County

84 City

Dunedin

Zip Code

FL 34698

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 607.0508, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, TIMOTHY L		1.2 NAME	
STREET ADDRESS	568 BAYWOOD DR. NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, PHYLLIS M		2.2 NAME	
STREET ADDRESS	609 S. DELAWARE AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606-2610		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 all other like empowered.

SIGNATURE

5/30/99

Date

Daytime Phone #

CR2E034 (11/98)