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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000004739 (6)

1. Corporation Name
INSURANCE HORIZONS, INC.



Principal Place of Business

Mailing Address

**840 SE 5TH ST
 Ocala FL 34471**

**840 SE 5TH ST
 Ocala FL 34471**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1996

4. FEI Number

75-2433808

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 or has paid the current year Intangible Personal Property Tax due June 30 Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**HATCH, JOHN D
 840 SE 5TH ST
 Ocala FL 34471**

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 607.0602 and 607.1506, 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 607.0603, Florida Statutes.

SIGNATURE

Signature type: The printed name of the signatory must appear on this form.

(NOTE: Registered Agent Signatures are required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DP
 HATCH, JOHN D
 840 SE 5TH ST
 Ocala FL 34471**

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**ST
 HATCH, PAMELA C
 840 SE 5TH ST
 Ocala FL 34471**

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**ST
 HATCH, PAMELA C
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TITLE

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 HATCH, PAMELA C
 840 SE 5TH ST
 Ocala FL 34471**

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-98

(352) 690-6270

CR2E034 (10/97)