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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # H98151 (4)
 1. Corporation Name
HORIZON PROPERTIES OF PENSACOLA, INC.



Principal Place of Business
**1335 CREIGHTON ROAD
 PENSACOLA FL 32504-7138**

Mailing Address
**1335 CREIGHTON ROAD
 PENSACOLA FL 32504-7138**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**DANIEL, JONN P. ESO.
 3 WEST GARDEN ST
 6TH FLOOR
 PENSACOLA FL 32501**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
01/30/1986

3a. Date of Last Report
03/19/1996

4. FLE Number

59-2731693

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature (Type or print name of officer or director of the corporation)

(If different from above, give name, address, telephone number)

Date

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD HAYES, PAUL**
 STREET ADDRESS **1335 CREIGHTON RD.**
 CITY- ST- ZIP **PENSACOLA FL**

TITLE DELETE

NAME **S FLOWERS, ELEANOR**
 STREET ADDRESS **1335 CREIGHTON RD.**
 CITY- ST- ZIP **PENSACOLA FL**

TITLE DELETE

NAME **T ROGERS, PAULA**
 STREET ADDRESS **1335 CREIGHTON RD.**
 CITY- ST- ZIP **PENSACOLA FL**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY- ST- ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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; that the receiver or trustee or person 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

Paul Hayes

3/12/97 (904) 476-6000

CR2E034 (9/96)