FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

3. Date Incorporated or Qualified: **01/30/1986**
3a. Date of Last Report: **02/17/1995**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI 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

9. Name and Address of Current Registered Agent

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

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 (Signature of new registered agent, if changed) (Name of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1-1 TITLE		☐ Change ☐ Addition
NAME	HAYES, PAUL		1-2 NAME		
STREET ADDRESS	1335 CREIGHTON RD.		1-3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1-4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2-1 TITLE		☐ Change ☐ Addition
NAME	FLOWERS, ELEANOR		2-2 NAME		
STREET ADDRESS	1335 CREIGHTON RD.		2-3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2-4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3-1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, PAULA		3-2 NAME		
STREET ADDRESS	1335 CREIGHTON RD.		3-3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3-4 CITY-ST-ZIP		
TITLE		☐ DELETE	4-1 TITLE		☐ Change ☐ Addition
NAME			4-2 NAME		
STREET ADDRESS			4-3 STREET ADDRESS		
CITY-ST-ZIP			4-4 CITY-ST-ZIP		
TITLE		☐ DELETE	5-1 TITLE		☐ Change ☐ Addition
NAME			5-2 NAME		
STREET ADDRESS			5-3 STREET ADDRESS		
CITY-ST-ZIP			5-4 CITY-ST-ZIP		
TITLE		☐ DELETE	6-1 TITLE		☐ Change ☐ Addition
NAME			6-2 NAME		
STREET ADDRESS			6-3 STREET ADDRESS		
CITY-ST-ZIP			6-4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Paul Hayes PRESIDENT 3/13/96 (904)476-6000

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