

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 012215 (0)

1. Corporation Name

HORIZON BANK OF FLORIDA

Principal Place of Business

180 N. PALAFOX STREET
180 N PALAFOX ST
PENSACOLA FL 32501

Mailing Address

P.O. BOX DRAWER 1272
180 N PALAFOX ST
PENSACOLA FL 32596
US



3. Date Incorporated or Qualified

05/07/1923

3a. Date of Last Report

02/02/1995

4. FEI Number

59-0398580

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOBLES, W.D., III
180 NORTH PALAFOX ST
PENSACOLA FL 32501

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME NOBLES, WILLIAM D. JR.
STREET ADDRESS 2303 N. MAGNOLIA AVE.
CITY- ST- ZIP PENSACOLA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE PVC ☐ DELETE
NAME NOBLES, JOYCE W.
STREET ADDRESS 615 BAYSHORE RD., #305
CITY- ST- ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VST ☐ DELETE
NAME BARR, ROBERT G.
STREET ADDRESS 7 PORT ROYAL WAY
CITY- ST- ZIP PENSACOLA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VST
3.3 STREET ADDRESS BARR, ROBERT G.
3.4 CITY- ST- ZIP 115 PINETREE DRIVE
GULF BREEZE, FLORIDA 32561

TITLE SVP ☐ DELETE
NAME NOBLES, WILLIAM D. III
STREET ADDRESS 2920 BLACKSHEAR AVE.
CITY- ST- ZIP PENSACOLA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE 1VP ☐ DELETE
NAME NOBLES, JOHN W.
STREET ADDRESS 2835 BAYOU BLVD.
CITY- ST- ZIP PENSACOLA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE VD ☐ DELETE
NAME NOBLES, DAVID M.
STREET ADDRESS 4270 LAVALLET CIRCLE
CITY- ST- ZIP PENSACOLA FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME VD
6.3 STREET ADDRESS NOBLES, DAVID M.
6.4 CITY- ST- ZIP 3940 LYNN ORA DRIVE
PENSACOLA, FLORIDA 32504

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96

Date

Daytime Phone #

CR2E034 (12/95)