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Feb 05 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 # 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 32596-1272
US



3. Date Incorporated or Qualified
05/07/1923

3a. Date of Last Report
03/04/1996

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 officer, if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	NOBLES, WILLIAM D. JR.	
STREET ADDRESS	2303 N. MAGNOLIA AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PVC	<input type="checkbox"/> DELETE
NAME	NOBLES, JOYCE W.	
STREET ADDRESS	615 BAYSHORE RD., #305	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BARR, ROBERT C	
STREET ADDRESS	115 PINETREE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	NOBLES, WILLIAM D. III	
STREET ADDRESS	2920 BLACKSHEAR AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	1VP	<input type="checkbox"/> DELETE
NAME	NOBLES, JOHN W.	
STREET ADDRESS	2835 BAYOU BLVD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOBLES, DAVID M	
STREET ADDRESS	3940 LYNN ORA DRIVE	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	IVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce W. Nobles

1/29/97

(904) 432-8421

Date

Daytime Phone #

CR2E034 (9/96)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (CONTINUED)

7.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
7.2 NAME	LINDA L. NOBLES	
7.3 STREET ADDRESS	5821 CREEK STATION DR.	
7.4 CITY-ST-ZIP	PENSACOLA, FL 32504	

8.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8.2 NAME	ROY M. TUGWELL, JR.	
8.3 STREET ADDRESS	916 BROOKSIDE PLACE	
8.4 CITY-ST-ZIP	PENSACOLA, FL 32503	

9.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
9.2 NAME	CORBETT A. DAVIS, JR.	
9.3 STREET ADDRESS	1450 TROPICAL FLAMINGO	
9.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	