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Mar 06 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1923

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 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

NOBLES, W.D., III  
180 NORTH PALAFOX ST  
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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

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

TITLE VSTD ☒ DELETE

NAME BARR, ROBERT C  
STREET ADDRESS 115 PINETREE DRIVE  
CITY-ST-ZIP GULF BREEZE FL

TITLE SVPD ☐ DELETE

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

TITLE VPD ☐ DELETE

NAME NOBLES, JOHN W.  
STREET ADDRESS 2835 BAYOU BLVD.  
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ DELETE

NAME NOBLES, DAVID M  
STREET ADDRESS 3940 LYNN ORA DRIVE  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition

1.2 NAME NOBLES, JOYCE W.  
1.3 STREET ADDRESS 615 BAYSHORE RD #305  
1.4 CITY-ST-ZIP PENSACOLA FL

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME NOBLES, JOHN W.  
2.3 STREET ADDRESS 2835 BAYOU BLVD  
2.4 CITY-ST-ZIP PENSACOLA FL

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME NOBLES, DAVID M.  
3.3 STREET ADDRESS 1914 E. DESOTO ST.  
3.4 CITY-ST-ZIP PENSACOLA FL 32501

4.1 TITLE VDS ☐ Change ☒ Addition

4.2 NAME NOBLES, LINDA L.  
4.3 STREET ADDRESS 5821 CREEK STATION DR.  
4.4 CITY-ST-ZIP PENSACOLA FL 32504

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME TUGWELL, ROY M., JR.  
5.3 STREET ADDRESS 916 BROOKSIDE PL  
5.4 CITY-ST-ZIP PENSACOLA FL 32503

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME DAVIS, GORBETT A., JR.  
6.3 STREET ADDRESS 1450 TROPICAL FLAMINGO  
6.4 CITY-ST-ZIP GULF BREEZE FL 32561

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:

JOYCE W. NOBLES 2-27-98

CP2E034 (10/97)