

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90007 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 012215**

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**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	NOBLES, JOYCE W.	
STREET ADDRESS	615 BAYSHORE RD., #305	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOBLES, JOHN W	
STREET ADDRESS	2835 BAYOU BLVD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOBLES, WILLIAM D. III	
STREET ADDRESS	1914 E DESOTO ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VPD	<input checked="" 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	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	NOBLES, LINDA L	
STREET ADDRESS	5821 CREEK STATION DR	
CITY-ST-ZIP	PENSACOLA FL 32504	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CORBETT A. DAVIS JR.	
1.3 STREET ADDRESS	1450 TROPICAL FLAMINGO	
1.4 CITY-ST-ZIP	GULF BREEZE FL 32561	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROY M. TUGWELL JR.	
2.3 STREET ADDRESS	916 BROOKSIDE PLACE	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input 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 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, with all other like empowered.

SIGNATURE: *W.D. Nobles III* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)