## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Scoretary of State 1996 DIVISION OF CORPORATIONS 468331 DOCUMENT # (4) DENNIS L. HORTON, P. A. Principal Place of Business Mailing Address 900 W HIGHWAY 50 900 W HIGHWAY 50 CLERMONT FL 34711 CLERMONT FL 34711 3. Date Incorporated or Qualified 3a. Date of Last Report 01/20/1975 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1570461 Not Applicable Suite Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HORTON, DENNIS L Street Address (P.O. Box Number is Not Acceptable) 82 900 W HIGHWAY 50 CLERMONT, FL 83 32711 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am advantage with an accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed han diof registered agent acid bent a graduit DATE (NYR): Regulated Agent's granus in proof when har statings 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 111116 CollibbA 🔲 HORTON, DENNIS L NAME 1.2 NAME 900 W HIGHWAY 50 STREET ADDRESS 1.3 STREEL ADDRESS CLERMONT, FL 00000 City - St - ZiP 1.4 CITY - ST- ZIP TITLE DELETE 2 1 TH. E Change Addit on NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 Cilir - ST, ZiP TITLE DELETE 3 1 TIFLE Change Add-tion NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIF 34 CITY - ST - ZP TITLE DELETE 4 1 TILE 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 Addit on NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS. CITY-ST-ZIP 5.4 CITY-ST ZIP TITLE [] DELETE 6 1 TITLE Change Add-tion NAME 6.2 NAME

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 undor 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

5.3 STREET ACORESS

6.4 CITY - ST - Z P

SIGNATURE: <

STREET ADDRESS

CITY - ST - ZiP

E OF SIGNING OFFICER OR DIRECTOR

President

(352)394.4008

CR2E034 (12/95)