

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 571008 (2)

1. Corporation Name

PAUL E. HORN INS. AGENCY, INC.

Principal Place of Business

21696 S.W. 102 ST. RD.
P. O. BOX 2669
DUNNELLON FL 34431
US

Mailing Address

P. O. BOX 2669
P. O. BOX 2669
DUNNELLON FL 34431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1978

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1825499

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

2b

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

34430

30

MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORN, PAUL E
21696 SW 102ND ST. RD.
DUNNELLON FL 34431

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 of person named as registered agent and the agent's address)

(Signature of the registered agent separately required after incorporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S
NAME	HORN, INGE A.
STREET ADDRESS	21696 SW 102ND ST. RD.
CITY, ST, ZIP	DUNNELLON FL
TITLE	P
NAME	HORN, PAUL E
STREET ADDRESS	21696 SW 102ND ST. RD.
CITY, ST, ZIP	DUNNELLON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	34431
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	34431
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 113.017-113.019, Florida Statutes. I further certify that the information appearing 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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with this filing.

SIGNATURE:

Paul E. Horn PAUL E. HORN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (904) 489-4981
Date Initials/Phone #