

**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90004 004 \*\*\*150.00

07-15-1999 90015 049 \*\*\*400.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 649915**

1. Corporation Name

**HORIZON REALTY OF PLANT CITY, INC.**

Principal Place of Business

4400 US 92 WEST  
PLANT CITY FL 33567

Mailing Address

4400 US 92 WEST  
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1979

4. FEI Number

59-1961336

Applied For

Not Applicable

5. Certificate of Status Desired ☐-\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐-\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

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City &amp; State

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Zip

Country

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9. Name and Address of Current Registered Agent

**FRY, HAROLD W**  
**4400 US 92 WEST**  
**PLANT CITY, FLORIDA**  
**33567**

2a. Mailing Address

26

Suite, Apt. #, etc.

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City &amp; State

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Zip

Country

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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 ☐ DELETE
**DP**  
**FRY, HAROLD W**  
**4400 US 92 WEST**  
**PLANT CITY FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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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 of the corporation; and that 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, on all other reports empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3599

(813) 752-6103

Date

Daytime Phone #

CR2E034 (11/98)