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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F58307

(2)

HORIZON INDUSTRIAL SUPPLIES, INC.

FILED					
May	19	1997	8:00am		
Sec	cret	ary of	State		

Principal Place	e of Business	Mailing Address				
US 90 WEST & PO BOX 2122 LAKE CITY FL S US		US 90 WEST & 1-75 PO BOX 2122 LAKE CITY FL 32056-2122 US		3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1001		
2. Principal Pl	ace of Business	2a. Mailing Address		12/14/1981 05/01/1996 4. FET Number Applied For		
21		26		59-2148384 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired 38.75 Additional		
22		27		Fee Required		
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be		
23 Zip	Country	[28]	Country	Trust Fund Contribution		
24	25	Ζιρ 29	Country 30	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9, Name and Address of Curren		301	10, Name and Address of New Registered Agent		
RT 1 Lake	MAN, J G 3 BOX 468 E CITY FL 32055		83 84 City	Address (P.O. Box Number is Not Acceptable) 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 ager	in a real constant of the cons		c received when reinstatung) DATE		
12.	OFFICERS AND	DIRECTORS DELTE	18,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	DP IAMES ODEOODY	ב_ טגנונ	1.1 TITLE 1.2 NAME	Change Addition		
STREET ADORESS	PITTMAN, JAMES GREGORY RT 13 BOX 468		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY - ST- ZIP			
TITLE	DST	DELETE	217011	Change Addition		
NAME	RATLIFF, ROGER		2.2 NAM[
STREET ADDRESS	RT 4, BOX 77B		2.3 STREET ADORESS			
CITY-ST-ZIP	JASPER FL		2 4 CITY- ST-ZIP			
TITLE		□ DELETE	3.1 TOLE	Change Addition		
NAME			32 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP	Cloud		
NAME		E) Dittit	4.1 TITLE 4. 2 NAMI	Change Addition		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELFIE	51100	Charge Addition		
NAME		—	5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE		DELETE	6.1 TITLE	Change Addition		
NAME			6.2 NAM(
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		· 	6.4 CITY - ST - 7IP			
14. I do 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 cortify 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 eath; that I am an officer or director of the corporation or the receiver or fusites 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.						