

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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90117 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT #: F95000000300

1. Corporation Name

DENNY HORN & ASSOCIATES, INC.

Principal Place of Business

5000 ROYAL MARCO WAY  
#536  
MARCO ISLAND FL 33937

Mailing Address

5000 ROYAL MARCO WAY  
536  
MARCO ISLAND FL 34145  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1995

4. FEI Number

35-1857789

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

HORN, DENNY L

5000 ROYAL WAY  
#536  
MARCO ISLAND FL 33937

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PCD

HORN, DENNY L

500 ROYAL MARCO WAY, #536

MARCO ISLAND FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD

HORN, DIANA K

500 ROYAL MARCO WAY, #536

MARCO ISLAND FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

HORN, DEREK K

629 N HIGHLAND, #10

ATLANTA GA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

HORN, DENA L

703 MYRTLE ST, APT 3

ATLANTA GA 30306

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

HORN, DEREK K

307 Saint Paul Ave

Atlanta GA 30312

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change

☐ Addition

D

HORN, DENA L

592 WALDO ST

Atlanta GA 30312

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)