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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006168 (5)

HORIZON CONSULTING, INC.

FILED Mar 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2019 SILVER LANE 2019 SILVER LANE MADISON MS 39110 MADISON MS 39110 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 407 ONCHARI) HARK 407 ORCHARD 64-0870476 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired SULTE SUINE Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be m Trust Fund Contribution Added to Fees Country 8. This corporation owes or has pald the current year Intangible 5124 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition TITLE 11 TITLE TUCKER, GEORGE E JR. NAME 1.2 NAME 2019 SILVER LANE STREET ADDRESS 1.3 STREET ADDRESS MADISON MS 39110 CITY - ST-ZIP 1.4 CITY-ST-ZIP DVAS DELETE Change Addition TITLE 2.1 TITLE BELL, WILLIAM K 2.2 NAME 913 OAK TR. STREET ADDRESS 2.3 STREET ADDRESS **CANTON MS 39046** CITY-ST-ZIP 2. 4 CITY - ST-ZIP ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 City - ST- ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

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.

GNATURE:

SIGNATURE:

3/13/98

601-957-9499

CR2E034 (10/97