

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 3: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J40664 (1)**  
1. Corporation Name

**HORIZON INVESTMENT CO. OF PALM COAST**

Principal Place of Business Making Address  
**P. O. BOX 350814  
13 UTILITY DR.  
PALM COAST, FL. 32135-0814**

700001490517  
-05/17/95--01040--019  
DO NOT WRITE IN THIS SPACE \*\*\*\$200.00

3. Date Incorporated or Qualified 11/03/1986  
3a. Date of Last Report 04/23/93

2. Principal Place of Business		2a. Making Address		4. FEI Number		Applied For	
21		26		59-2953295		Not Applicable	
Sate, Apt. #, etc.		Sate, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMARAL, ANTONIO / MARIA  
13 UTILITY DR. (office)  
PALM COAST, FL. 32137**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/V/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARAL, ANTONIO	1.2 NAME	
STREET ADDRESS	13 UTILITY DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PALM COAST, FL. 32137	1.4 CITY- ST- ZIP	
TITLE	S/T/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARAL, MARIA	2.2 NAME	
STREET ADDRESS	13 UTILITY DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	PALM COAST, FL. 32137	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE: Maria Amaral**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (904) 445-9393  
Date Name

*Handwritten initials*