

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:55

DOCUMENT # **J60156**

(3)

1. Corporation Name

NEW HORIZON EQUITIES, INC.

Principal Place of Business

**2625 N. MAIN STREET
GAINESVILLE FL 32609**

Mailing Address

**P. O. BOX 5308
GAINESVILLE FL 32602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/04/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

NOT APPLICABLE

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLEN, JACKY
2013 SHORELAND DR
AUBURNDALE FL 33823**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HOLDEN, BOB
STREET ADDRESS	2026 DEBORAH DRIVE
CITY-ST-ZIP	ATLANTA GA 30345
TITLE	D
NAME	GLENN, JACKY
STREET ADDRESS	2013 SHORELAND DRIVE
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	PO
NAME	GALWAY, CAMERON
STREET ADDRESS	2629 N. MAIN STREET
CITY-ST-ZIP	GAINESVILLE FL 32609
TITLE	D
NAME	PHILLIPS, ANDY
STREET ADDRESS	3605 JOE SANCHEZ DRIVE
CITY-ST-ZIP	PLANT CITY FL 33565
TITLE	D
NAME	SQUIRES, BILL
STREET ADDRESS	600 BARNSDALE ROAD
CITY-ST-ZIP	WINSTON-SALEM NC 27108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	1940A JOHNSON FERRY RD
3.4 CITY-ST-ZIP	ATLANTA, GA 30319
4.1 TITLE	VOD ☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	CD ☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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:

Jacky C. Glenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKY C. GLENN
President

3/28/95

904-373-2120