

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J63560 (3)

1. Corporation Name

HORIZONTAL TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

2309 HANCOCK BRIDGE PKWY  
P O BOX 150820  
CAPE CORAL FL 33915

2309 HANCOCK BRIDGE PKWY  
P O BOX 150820  
CAPE CORAL FL 33915

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified  
03/19/1987

3a. Date of Last Report  
04/27/1995

4. FEI Number

59-2797620

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COTTRELL, JAMES L.  
1633 SE 47TH TERR  
CAPE CORAL FL 33904

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE  
NAME JUSTICE, PATRICIA ANN  
STREET ADDRESS 5260 S. LANDINGS DR 1701  
CITY-ST-ZIP FT MYERS FL

1.1 TITLE V ☐ Change ☒ Addition  
1.2 NAME GREG F. RAWL  
1.3 STREET ADDRESS 5411 110th AVENUE N.  
1.4 CITY-ST-ZIP W. PALM BEACH, FL. 33411

TITLE DP ☐ DELETE  
NAME JUSTICE, DONALD R.  
STREET ADDRESS 5260 S. LANDINGS DR 1701  
CITY-ST-ZIP FT MYERS FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME JUSTICE, DAN K.  
STREET ADDRESS 4633 S.W. 11TH AVE  
CITY-ST-ZIP CAPE CORAL FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME POWELL, JAMES R. SR.  
STREET ADDRESS 1242 S.W. 4TH PL  
CITY-ST-ZIP CAPE CORAL FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME JUSTICE, DONALD MARK  
STREET ADDRESS 2727 NW 98TH LANE  
CITY-ST-ZIP CORAL SPRINGS FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 furnished 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

941-916-8777

Date

Daytime Phone #

CR2E034 (12/95)