

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

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95 APR 19 2PM 7:31 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J70493 (8)

1. Corporation Name
HORIZON FINANCIAL SOFTWARE CORPORATION

Principal Place of Business Mailing Address

**4001 RODNEY PARHAM ROAD
LITTEL ROCK AR 72212** **4001 RODNEY PARHAM ROAD
LITTEL ROCK AR 72212**

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 3a. Date of Last Report

05/01/1987 **04/29/1994**

4. FEI Number Applied For

59-2812766 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**

6. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1608, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HAILEY, JERRY
STREET ADDRESS	2200 LUCIEN WAY
CITY - ST - ZIP	MAITLAND FL
TITLE	V
NAME	VANCE, DANNY R.
STREET ADDRESS	4001 RODNEY PARHAM ROAD
CITY - ST - ZIP	LITTLE ROCK AR
TITLE	VS
NAME	TOMASKY, BERNARD E.
STREET ADDRESS	4540 LARADO PLACE
CITY - ST - ZIP	ORLANDO FL
TITLE	SVPT
NAME	HUBBARD, WILLIAM
STREET ADDRESS	1 STERNER RD
CITY - ST - ZIP	CONWAY AR
TITLE	CE
NAME	STUEI, JOHN E
STREET ADDRESS	52 RIVER RIDGE RD
CITY - ST - ZIP	LITTLE ROCK AR
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 this 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: *D.R. Vance* *Danny R. Vance* *VP controller* *501-283-462*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Filing #