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FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L42876 (7)

1. Corporation Name
HORIZON INSTITUTE, INC.



Principal Place of Business

Mailing Address

STEVEN R. KELLER
1000 ALGONQUIN AVENUE
DELTONA FL 32725
22 FOXFORDS CHASE
ORMOND BEACH, FL 32174

P.O. BOX 5757
ORMOND BEACH,
FL 32174
USA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 22 FOXFORDS CHASE

Suite, Apt. #, etc.

22

City & State
ORMOND BEACH FL

Zip
32174

Country
USA

2a. Mailing Address

26 22 FOXFORDS CHASE

Suite, Apt. #, etc.

27

City & State
ORMOND BEACH, FL

Zip
32174

Country
USA

3. Date Incorporated or Qualified

01/11/1990

4. FEI Number

59-2988407

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 owes or has paid the current year Intangible

Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KELLER, STEVEN R.
1000 ALGONQUIN AVENUE
DELTONA FL 32725

22 FOXFORDS CHASE
ORMOND BEACH,
FL 32174

10. Name and Address of New Registered Agent

81 Name STEVEN R. KELLER

82 Street Address (P.O. Box Number is Not Acceptable)
22 FOXFORDS CHASE

83

84 City ORMOND BEACH FL

85 Zip Code 32174

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.

STEVEN R. KELLER

1/30/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
KELLER, KATHY J.
STREET ADDRESS
1000 ALGONQUIN AVENUE
CITY-ST-ZIP
DELTONA FL

TITLE ☐ DELETE

NAME
KELLER, STEVEN R.
STREET ADDRESS
1000 ALGONQUIN AVENUE
CITY-ST-ZIP
DELTONA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
22 FOXFORDS CHASE
ORMOND BEACH, FL 32174

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
22 FOXFORDS CHASE
ORMOND BEACH, FL 32174

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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 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.

CR2E034 (10/97)