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Jan 29 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N93000004444 (6)**

1. Corporation Name

HORIZON WEST, INC.

Principal Place of Business

**105 WEST PLANT ST.
WINTER GARDEN FL 34787**

Mailing Address

**P.O. BOX 770606
WINTER GARDEN FL 34787-0606**

3. Date Incorporated or Qualified

10/01/1993

4. FEI Number

59-3204674

Applied For

Not Applicable

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUSTIN, LESTER
105 WEST PLANT ST.
WINTER GARDEN FL 34787**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☐ DELETE

NAME **AUSTIN, LESTER**
STREET ADDRESS **105 W PLANET ST**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **PD** ☐ DELETE

NAME **PHILLIPS, DON**
STREET ADDRESS **219 FLORAL**
CITY-ST-ZIP **OCFEE FL 34761**

TITLE **T/D** ☐ DELETE

NAME **AMON, JACK**
STREET ADDRESS **219 W. OAKLAND AVE.**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **D** ☐ DELETE

NAME **JUNE, RANDY**
STREET ADDRESS **71 E. CHURCH ST.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ DELETE

NAME **KARR, JIM**
STREET ADDRESS **201 S. ORANGE AVE. STE.1010**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ DELETE

NAME **BURCH, BILLY**
STREET ADDRESS **905 W. STORY RD.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: [Signature] JACK R. AMON

1/16/98 407 6569692

CR2E037 (10/97)