

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004444

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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90004 033 ****61.25

604217-90004-33



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/01/1993

4. FEI Number

59-3204674

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

9. Name and Address of Current Registered Agent

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

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 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 OCOEE 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-99 407-656-4334
Date Daytime Phone #

CR2E037 (5/99)