

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P17895 (4)**

1. Corporation Name

FINANCIAL HORIZONS SECURITIES CORPORATION



Principal Place of Business

**ONE NATIONWIDE PLAZA
COLUMBUS OH 43215-2220
US**

Mailing Address

**ONE NATIONWIDE PLAZA
1-13-G1
COLUMBUS OH 43215-2220
US**

3. Date Incorporated or Qualified
02/04/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

73-1303144

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

**C T 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)

**200001810482
-05/07/96--01022--018**

84 City

*****200.00**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of this corporation

Date of Registration Agent Signature received above

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEEK, DUANE C.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MCCUTCHAN, GORDON E.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ABBOTT, DEBORAH E.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CIMENERO, JOSEPH F.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAVENDER, WILLIAM J.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASSEY, S. NICK	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Timothy Murphy	
1.3 STREET ADDRESS	One Nationwide Plaza	
1.4 CITY-ST-ZIP	Columbus OH	
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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ronald W. Benedick	
3.3 STREET ADDRESS	One Nationwide Plaza	
3.4 CITY-ST-ZIP	Columbus OH	
4.1 TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert O. Cline	
4.3 STREET ADDRESS	One Nationwide Plaza	
4.4 CITY-ST-ZIP	Columbus OH	
5.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Edward W. Pell	
5.3 STREET ADDRESS	One Nationwide Plaza	
5.4 CITY-ST-ZIP	Columbus OH	
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 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
Robert O. Cline/VP-Treasurer

4/23/96

614-249-5844

CR2E034 (12/95)