

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR - 5 PM 1: 54

DOCUMENT # **P93000001346 (4)**

1. Corporation Name
HORIZON SUN, INC.

Principal Place of Business
**600 S BARRACKS ST
SUITE 220
PENSACOLA FL 32501-6042**

Mailing Address
**600 S BARRACKS ST
SUITE 220
PENSACOLA FL 32501-6042**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/04/1993** 3a. Date of Last Report **04/11/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3173236

Applied For
Not Applicable

21 Suite, Apt. #, etc.
SUITE A-12

26 **4300 BAYOU BLVD. #30-A**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

25

29 **32503-2671**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHENS, JAY F
600 S BARRACKS ST
SUITE 220
PENSACOLA FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1119 E. LAKEVIEW AVE.

83

84 City **PENSACOLA**

FL

85 Zip Code
32503

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)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **WEST, WYLIE**
STREET ADDRESS **600 S BARRACKS ST SUITE 220**
CITY - ST - ZIP **PENSACOLA FL 32501-6042**

11 TITLE **D** Change Addition
12 NAME **WYLIE WEST**
13 STREET ADDRESS **4300 BAYOU BLVD. #30-A**
14 CITY - ST - ZIP **PENSACOLA, FL 32503-2671**

TITLE **D**
NAME **STEPHENS, JAY F**
STREET ADDRESS **600 S BARRACKS ST SUITE 220**
CITY - ST - ZIP **PENSACOLA FL 32501-6042**

21 TITLE **D** Change Addition
22 NAME **JAY F. STEPHENS**
23 STREET ADDRESS **1119 E. LAKEVIEW AVE.**
24 CITY - ST - ZIP **PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 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:

Wylie West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARIES
WYLIE WEST

4/2/95
DATE

904/857-0911
TELEPHONE NUMBER