

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000001346 (4)**

1. Corporation Name
HORIZON SUN, INC.



Principal Place of Business: **600 S BARRACKS ST SLIP A-12 PENSACOLA FL 32501-6042 US**
Mailing Address: **4300 BAYOU BLVD. SUITE 30-A PENSACOLA FL 32503-2671 US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
25
2a. Mailing Address
26 **421 TWIN LAKES DRIVE**
27 Suite, Apt. #, etc.
28 **PENSACOLA, FLORIDA**
29 Zip Country
30 **32504-6341 ESCAMBIA**

3. Date Incorporated or Qualified: **01/04/1993**
3a. Date of Last Report: **04/05/1995**
4. FEI Number: **59-3173236**
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
**STEPHENS, JAY F
1119 E. LAKEVIEW AVE
SUITE 220
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent
8. Name
82 Street Address (P.O. Box Number is Not Acceptable): **421 TWIN LAKES DRIVE**
83
84 City: **PENSACOLA** FL 85 Zip Code: **32504-6341**

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 available for signature) (Typed, Registered Agent signature (only with recording) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D WEST, WYLIE	<input type="checkbox"/>
NAME	WEST, WYLIE	
STREET ADDRESS	4300 BAYOU BLVD., #30-A	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D STEPHENS, JAY F	<input type="checkbox"/>
NAME	STEPHENS, JAY F	
STREET ADDRESS	1119 E LAKEVIEW AVE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	D WEST, WYLIE	<input type="checkbox"/>	<input type="checkbox"/>
12 NAME	WEST, WYLIE		
13 STREET ADDRESS	421 TWIN LAKES DRIVE		
14 CITY - ST - ZIP	PENSACOLA, FL 32504-6341		
21 TITLE	D STEPHENS, JAY F	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	STEPHENS, JAY F		
23 STREET ADDRESS	421 TWIN LAKES DRIVE		
24 CITY - ST - ZIP	PENSACOLA, FL 32504-6341		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: *Jay F Stephens* **JAY F STEPHENS** 4/23/96 904) 479-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing #

CR2E034 (12/95)