

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 23 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040970 (4)

1. Corporation Name

HORIZON BANCSHARES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/04/1993
3a. Date of Last Report
01/20/19944. FEI Number
59-3197878
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, CHARLES L JR
3375-A CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	NOBLES, W D
STREET ADDRESS	2303 W MAGNOLIA AVE
CITY - ST - ZIP	PENSACOLA FL 32503
TITLE	D
NAME	NOBLES, WILLIAM D III
STREET ADDRESS	2920 BLACKSHEAR AVE
CITY - ST - ZIP	PENSACOLA FL 32503
TITLE	D
NAME	NOBLES, JOHN W
STREET ADDRESS	2835 BAYOU BLVD
CITY - ST - ZIP	PENSACOLA FL 32503
TITLE	D
NAME	NOBLES, DAVID M
STREET ADDRESS	4270 LAVALLET CIRCLE
CITY - ST - ZIP	PENSACOLA FL 32504
TITLE	D
NAME	NOBLES, JOYCE W
STREET ADDRESS	615 BAYSHORE DRIVE
CITY - ST - ZIP	PENSACOLA FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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: *W D Nobles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-95

904-432-8424