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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000040970 (4)**

1. Corporation Name

HORIZON BANCSHARES, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER 1272 PENSACOLA FL 32596 US	P.O. DRAWER 1272 PENSACOLA FL 32596 US

3. Date Incorporated or Qualified: **06/04/1993**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-3197878** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: **W D NOBLES, III**
82 Street Address (P.O. Box Number is Not Acceptable): **180 NORTH PALAFOX ST**
83
84 City: **PENSACOLA** **FL** 85 Zip Code: **32501**

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: X W.D. Nobles — DATE: 3-11-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLES, W D 2303 W MAGNOLIA AVE PENSACOLA FL 32503 C	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CD NOBLES, W D 2303 W MAGNOLIA AVE PENSACOLA, FL 32503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLES, WILLIAM D III 2920 BLACKSHEAR AVE PENSACOLA FL 32503 P	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PD NOBLES, WILLIAM D. III 2920 BLACKSHEAR AVE PENSACOLA, FL 32503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLES, JOHN W 2835 BAYOU BLVD PENSACOLA FL 32503	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	400001742744 -03/14/96--01019--035 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLES, DAVID M 4270 LAVALLET CIRCLE PENSACOLA FL 32504	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLES, JOYCE W 615 BAYSHORE DRIVE PENSACOLA FL 32507 YC	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VCD NOBLES, JOYCE W 615 BAYSHORE DRIVE PENSACOLA, FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 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 — 2-27-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

SG 3-13-96
Daytime Phone #