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Feb 04 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

**P.O. DRAWER 1272
PENSACOLA FL 32596
US**

Mailing Address

**P.O. DRAWER 1272
PENSACOLA FL 32596-1272
US**

3. Date Incorporated or Qualified

06/04/1993

3a. Date of Last Report

03/13/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**NOBLES, W.D. III
180 N PALAFOX ST
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

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 of registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **NOBLES, W D**
STREET ADDRESS **2303 W MAGNOLIA AVE**
CITY - ST - ZIP **PENSACOLA FL 32503**

TITLE **PD** ☐ DELETE

NAME **NOBLES, WILLIAM D III**
STREET ADDRESS **2920 BLACKSHEAR AVE**
CITY - ST - ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ DELETE

NAME **NOBLES, JOHN W**
STREET ADDRESS **2835 BAYOU BLVD**
CITY - ST - ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ DELETE

NAME **NOBLES, DAVID M**
STREET ADDRESS **4270 LAVALLET CIRCLE**
CITY - ST - ZIP **PENSACOLA FL 32504**

TITLE **VCD** ☐ DELETE

NAME **NOBLES, JOYCE W**
STREET ADDRESS **615 BAYSHORE DRIVE**
CITY - ST - ZIP **PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

D
Linda L. Nobles
5821 Creek Station Dr.
Pensacola, FL 32504

14. I do hereby certify that the information supplied with this filing 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 III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 (904) 432-8421
Date Daytime Phone

CR2E034 (9/96)