

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90063 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000040970		
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 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 06/04/1993	Applied For Not Applicable
4. FEI Number 59-3197878	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code FL

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 *W.D. Nobles* (NOTE: Registered Agent signature required when reinstating) DATE 1-5-99

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	NOBLES, W D
STREET ADDRESS	2303 W MAGNOLIA AVE
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	PD <input type="checkbox"/> DELETE
NAME	NOBLES, WILLIAM D III
STREET ADDRESS	2920 BLACKSHEAR AVE
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	D <input type="checkbox"/> DELETE
NAME	NOBLES, JOHN W
STREET ADDRESS	2835 BAYOU BLVD
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	D <input type="checkbox"/> DELETE
NAME	NOBLES, DAVID M
STREET ADDRESS	1914 E DESOTO ST
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	VCD <input type="checkbox"/> DELETE
NAME	NOBLES, JOYCE W
STREET ADDRESS	615 BAYSHORE DRIVE
CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	D <input type="checkbox"/> DELETE
NAME	NOBLES, LINDA L
STREET ADDRESS	5821 CREEK STATION DRIVE
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *W.D. Nobles* SIGNATURE REQUIRED DATE 1-7-99 DAYTIME PHONE #