

**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 # P94000021750 (2)**

1. Corporation Name

**HORIZON DISTRIBUTION COMPANY**



Principal Place of Business

**8998 S.E. STAR ISLAND WAY  
HOBE SOUND FL 33455**

Mailing Address

**8998 S.E. STAR ISLAND WAY  
HOBE SOUND FL 33455**

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

3. Date Incorporated or Qualified

**03/21/1994**

3a. Date of Last Report

**04/19/1995**

4. FEI Number

**65-0493006**

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

10. Name and Address of New Registered Agent

**MARTENS, FRANK A JR  
8998 S.E. STAR ISLAND WAY  
HOBE SOUND FL 33455**

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's signature required when forming)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PC  
MARTENS, FRANK A SR  
HCR #1  
MT POCONO PA**

☐ DELETE

**VD  
PETERSON, FRED  
30630 SE QUANSET CIRCLE  
STEUART FL**

☐ DELETE

**TSD  
MARTENS, IRENE  
HCR #1  
MT POCONO PA**

☐ DELETE

**TITLE NAME STREET ADDRESS CITY-ST-ZIP**

☐ DELETE

**TITLE NAME STREET ADDRESS CITY-ST-ZIP**

☐ DELETE

**TITLE NAME STREET ADDRESS CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 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:** *Frank A. Martens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/96* *4075461725*  
Date Daytime Phone #

CR2E034 (12/95)