

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001087 (2)

1. Corporation Name

VAN HORN INDUSTRIES, INC.



Principal Place of Business

Mailing Address

3170 N. FEDERAL HWY.
SUITE 114
LIGHTHOUSE POINT FL 33064

3170 N. FEDERAL HWY.
SUITE 114
LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4200 N. FEDERAL HWY.

26 4200 N. FEDERAL HWY.

4. FEI Number

65-0537172

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 LIGHTHOUSE PT. FL

28 LIGHTHOUSE PT. FL

24 33064 25 USA

29 33064 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORN, JAMES
3170 N. FEDERAL HWY.
SUITE 114
LIGHTHOUSE POINT FL 33064

81 Name JAMES HORN

82 Street Address (P.O. Box Number is Not Acceptable)

4200 N. FEDERAL HIGHWAY

83

84 City LIGHTHOUSE PT.

FL

85 Zip Code 33064

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS HORN, JAMES
CITY-ST-ZIP 3170 N. FEDERAL HWY., SUITE 114
LIGHTHOUSE POINT FL 33064

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS JAMES HORN
1.4 CITY-ST-ZIP 4200 N. FEDERAL HIGHWAY
LIGHTHOUSE PT., FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)