

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000062262 (7)

1. Corporation Name

THOMAS HORN DISTRIBUTING, INC.



Principal Place of Business

134 RIBERIA STREET
ST. AUGUSTINE FL 32084
US

Mailing Address

445 LOBELIA RD.
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1995

4. FEI Number

59-3334279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1200 HIBISCUS ST.

Suite, Apt. #, etc.

22 City & State

23 ST. AUGUSTINE, FL

24 32095 25 Country

2a. Mailing Address

26 1200 HIBISCUS ST.

Suite, Apt. #, etc.

27 City & State

28 ST. AUGUSTINE, FL

29 32095 30 Country

9. Name and Address of Current Registered Agent

HALL, CHARLES E JR.
218 ORANGE ST.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

CHARLES E. HALL, JR.

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

25 OLD MISSION AVENUE

83

84 City

ST. AUGUSTINE,

FL

85 Zip Code
32085

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

9/16/98

Signature (typed or printed name of registered agent and use if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTV
NAME HORN, THOMAS A
STREET ADDRESS 134 RIBERIA ST 1200 HIBISCUS STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPTV
1.2 NAME HORN, THOMAS A
1.3 STREET ADDRESS 1200 HIBISCUS STREET
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095

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

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

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

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

6.1 TITLE
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.

SIGNATURE: Thomas A. Horn 9-25-98 804-999911

CR2E034 (5/98)