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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000062262

1. Corporation Name

THOMAS HORN DISTRIBUTING, INC.					
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Principal Place	e of Business	Mailing Address		1 (1001133) (10 tata) attit anti anti anti	18110 \$1114 11810 11810 S1110 1181
1200 HIBISCUS	STREET	1200 HIBISCUS STREET			
ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095					
US		US		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
				08/08/1995	A8-4 F
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3334279	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	0	28 Zin	Country	Trust Fund Contribution	
Zip	Country	Zip	 , ´	8, This corporation owes the current year	Yes INo
24	25		30	Personal Property Tax. 10. Name and Address of New Registe	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Harrie and Hadridge of New Hogiste	
HALL	L, CHARLES E. JR.				
	OLD MISSION AVE.		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
ST. /	AUGUSTINE FL 32085		83		
			84 City		FL 85 Zip Code
		500 L 007 4500 El : L 04-1-4-	- #	poration submits this statement for the purpos	• — 1 1 — —
11, Pursuant	to the provisions of Sections 607.0	502 and 607. 1508; Florida Statutes	s, the above-hamed corporat	tion's board of directors. I hereby accept the a	nnointment as registered
office or a	registered agent, or poth, in the Sta	te of Florida. Such change was au	monzed by the corporat	ibit's board of directors, thereby accept the a	ppointment as registered
office or a	registered agent, or both, in the Sta im familiar with, and accept the obti	gations of Section 607.0505. Flori	da Statutes.	S / 22 /	90
office or a	im familiar with, and accept the obli	gations of Section 607 Jibus, Flori	aa Statutes.	2/22/.	29
office or r agent. I a SIGNATURE	im familiar with, and accept the outline in a second secon	agent and title if applicable (NOTE: F	Pagistered Agent signature require	red when reinstating) DAT	89
office or r agent. I a SIGNATURE	Signature, typen or printed name of registered a	agent and title if applicable (NOTE: F AND DIRECTORS	Pagistered Agent signature requirements	2/22/.	89
office or ragent. I a SIGNATURE 12.	Signature, typen or printed pages of registered a OFFICERS /	agent and title if applicable (NOTE: F	Cagistered Agent signature requirements 13.	red when reinstating) DAT	S AND DIRECTORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	Signature, typen or printed page of registered a OFFICERS / DPTV HORN, THOMAS A	agent and title if applicable (NOTE: F AND DIRECTORS	as Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	red when reinstating) DAT	S AND DIRECTORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typen or printed passed of registered a OFFICERS / DPTV HORN, THOMAS A 1200 HIBISCUS STREET	agent and title if applicable (NOTE: F AND DIRECTORS	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 13 STREET ADDRESS	red when reinstating) DAT	S AND DIRECTORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

norran SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #