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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000004071 (2)

H. HORTON, INC.

Principal Place of Business

Mailing Address

FILED May 04 1998 8:00am Secretary of State



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4702 NW 41 AVE 4702 NW 41 AVE TAMARAC FL 33319 TAMARAC FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1996 2. Principal Place of Business 2a. Mailing Address Applied For 1682 Tourington Cincle 1682 Torraington Cin 59-3352646 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing <u>Long wood</u> Longwood Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 454 ☐ Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HORTON, HONORA Hougha Honton 4702 NW 41 AVE dress (P.O. Box Number is Not Acceptable) TAMARAC FL 33319 83 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 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. 84 City HORTON SIGNATURE 12. OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13. DELETE TITLE 1.1 TITLE Henbant H Honton HORTON, HERBERT H NAME 1.2 NAME 4702 NW 41 AVE 1682 Tourington since STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 33319 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE TITLE Addition HORTON, HONORA NAME 2.2 NAME 4702 NW 41 AVE 1632 Tonnington Ciaule STREET ADDRESS 2.3 STREET ADDRESS , 20 32750 TAMARAC FL 33319 CITY-ST-ZIP 2. 4 CITY-ST-ZIP rong mord DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change TITLE Addition 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE Change 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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 signalure 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.