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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000074207 (7)**

1. Corporation Name
HORIZON ENTERPRISE SERVICES, INC.

Principal Place of Business	Mailing Address
956 MARCH HARE CT WINTER SPRINGS FL 32708-5138	956 MARCH HARE CT WINTER SPRINGS FL 32708-5138

3. Date Incorporated or Qualified: 09/06/1996
3a. Date of Last Report: New

2. Principal Place of Business
21: 956 March Hare CT
22 Suite, Apt. #, etc.: Home
23 City & State: WinterSprings FL
24 Zip: 32708
25 Country: Seminole

2a. Mailing Address
26: 956 March Hare CT
27 Suite, Apt. #, etc.:
28 City & State: WinterSprings FL
29 Zip: 32708
30 Country: Seminole

4. FEI Number: 593438573 ☐ 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

9. Name and Address of Current Registered Agent

CLAXTON, FARAH
956 MARCH HARE CT
WINTER SPRINGS FL 32708-5138

10. Name and Address of New Registered Agent

81 Name: Joseph Claxton
82 Street Address (P.O. Box Number is Not Acceptable): 956 March Hare CT
83
84 City: WinterSprings **FL** 85 Zip Code: 32708

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: Joseph Claxton — 4/29/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAXTON, JOSEPH 956 MARCH HARE CT WINTER SPRINGS FL 32708-5138	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Farah Claxton 956 March Hare CT WinterSprings FL. 32708 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice President Joseph Claxton 956 March Hare CT WinterSprings FL 32708 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secretary Gwen Claxton 956 March Hare CT WinterSprings FL 32708 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: SIGNATURE REQUIRED Joseph Claxton 4/29/97 (407)699-9630