## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000089982 (8) **DOCUMENT #** 

## **FILED** Jul 29 1997 8:00am Secretary of State

HORIZON PRODUCE SALES, INCORPORATED					
Principal Place of Business Mailing Address				a sausann sid idiin aisti dulii Editi dik	ın oniol şüşlü bülşü tolat rüşlü şlüll şüül
1839 DOVER ROAD NORTH 1839 DOVER ROAD NORT DOVER FL 33527 DOVER FL 33527			Н	DO NOT WRITE I	NI TURE COACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/01/1996	Date of East Hoport
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3411942	Not Applicable
		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25		90	Personal Property Tax due June 3	
	9. Name and Address of Current	Registered Agent	-   04  5:	10. Name and Address of New Reg	Istered Agent
	ITON, DONALD E		B1 Name		Į.
1456 WALDION OAKS PLACE			82 Street Add	ress (P.O. Box Number is Not Acceptable	9) /;
PL	ANT CITY FL 33566		14 50	6 WALDEN OAKS	E' fL
			83		
G	Mark Control of the C		84 City		85 Zip Code
					FL 85 Zip Code
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State i	! and 607.1508, Florida Statutes of Florida. Such change was au	s, the above-named corp thorized by the corporal	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.	,	
SIGNATURE	Signature, typed or printed name of registered agen	The second second	Registered Agent signature requir		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TITLE	715577617676177762676 011162	Change Addition
NAME	HINTON, DONALD E		1.2 NAME		
STREET ADDRESS	1456 WALDEN OAKS PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566		1.4 CITY-ST-ZIP		i i
TITLE	STD	DELETE	2.1 TITLE		Change Addition
NAME	HINTON, GARY G		2.2 NAME		
STREET ADDRESS	14408 SYDNEY ROAD		2.3 STREET ADDRESS	•	₹
CITY-ST-ZIP	DOVER FL 33527		2. 4 CITY - ST - ZIP		1
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP_			6.4 CITY - ST - ZIP		

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 of Block 13 if changed, or on an attachment with an address.