## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089982 (8)

1. 11 0 m

HORIZON PRODUCE SALES, INCORPORATED

A LONGICO DE LA LANGE ALLES A DELL ROTES DOTES ANTO TORIO COLOR LORIS LEGA LOGIC

**FILED** 

Apr 22 1998 8:00am

Secretary of State

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rincipaliriac	o or pusitioss	Mailing Address				
1839 DOVER ROAD NORTH DOVER FL 33527		1839 DOVER ROAD NORTH DOVER FL 33527				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
A Disassal D	llege of O. clare				11/01/1996	
— ` ` ` · ·	lace of Business	2a, Mailing Address			4. FEI Number Applied Fo	
Suite, Apt. #, etc.		26			<b>59-3411942</b> Not Applic	$\overline{}$
22		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additions Fee Required	d
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	$\neg$
23		28			Trust Fund Contribution	
Zip	Country	Ζφ	Country	/	8. This corporation owes or has paid the current year Intangible	一
24	25	29	30		Personal Property Tax due June 30. Yes No	ł
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
HiN	ITON, DONALD E		81	Name		İ
	68 WALDEN OAKS PL		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
	ANT CITY FL 33566		"		10.000 (1.0. Dox (10)) but 10 (10) Acceptable)	
	· · · - · · · · · · · · · · · · · · · ·		83			$\neg$
			-	City	10-1 0	
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Stalu	ites, the abov	e-named co	exposation submits this statement for the surpose of sharping its registe	red
OTHER OF I	<b>egiste</b> red agent, or both, in the State on f <b>am</b> iliar with, and accept the obliga	of Florida. Such change was	authorized bi	/ the corpor	ration's board of directors. I hereby accept the appointment as register	ed
-	The state of the s	14 (10 or, Beellon 601 :0000, 1	onda biaidie	<b>3</b> .		
SIGNATURE	Signature, typed or printed name of registered agen	d and title if applicable (NO	1£: Registered Ag	ent signature req	quired when reinstating) DATE	I.
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 i Title		Change Ado	ition :
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 - 9	I - 71P		
TITLE	\$1D	DELETE 2.13		·	Change Ado	ition
NAME	HINTON, GARY G		2 ? NAME			
STREET ADDRESS	14408 SYDNEY ROAD		2.3 STREET	ADORESS	•	
CITY-ST-ZIP	DOVER FL 33527		2. 4 CITY -			
TITLE		DEL FTE	3.1 TITLE		☐ Change ☐ Add	ition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-:			
TITLE		DELETE	4.1 1IJLE	21 411	☐ Change ☐ Add	ilion
NAME			4. 2 NAME		المارين	
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP						
TITLE		DELLTE	4.4 CHY - S 5.1 THE	1 - ZIF	Change Add	ition
NAME		E Sectif	5.1 THEE		LI Change LI Add	11011
STREET ADDRESS				ADDDCCO		
1			5.3 STREET	ļ		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S	1-719	☐ Change ☐ Add	tion
		C December	6.1 TITLE			tian
NAME OTOSET ADODESS			6.2 NAME			
STREET ADDRESS			63 STREET	1		
CITY-ST-ZIP			64 CITY - S	I - 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 13 if changed, or on an attachment with an address