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May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028860

1. Corporation Name
HORIZON EXTERIOR CARE INC.

Principal Place of Business
758 HADDONSTONE CIRCLE STE 104
HEATHROW FL 32746

Mailing Address
758 HADDONSTONE CIRCLE STE 104
HEATHROW FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/28/1997

4. FEI Number
59-3471484

Applied For
Not Applicable

2. Principal Place of Business
21 13905 Fairway Island
Suite, Apt. #, etc. 1013

2a. Mailing Address
26 13905 Fairway Island Dr
Suite, Apt. #, etc. 1013

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Orlando FL
24 Zip 32837 25 Country U.S.A

28 City & State
Orlando FL
29 Zip 32837 30 Country U.S.A

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RASHIDI, ALI R
758 HADDONSTONE CIRCLE STE 104
HEATHROW FL 32746

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable)
13905 Fairway Island Dr STE 1013
83
84 City Orlando FL 85 Zip Code 32837

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

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 P
NAME RASHIDI, ALI R
STREET ADDRESS 758 HADDONSTONE CIRCLE STE 104
CITY-ST-ZIP HEATHROW FL 32746

1.1 TITLE Same
1.2 NAME Same
1.3 STREET ADDRESS 13905 Fairway Island Dr STE 1013
1.4 CITY-ST-ZIP Orlando FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE: Ali R. Rashidi 4/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)