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

**PROFIT** CORPORATION ANNUAL REPORT

1**9**98



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052861 (6)

HORN TRADING, INC.

Mailing Address

Principal Place of Business **POST OFFICE BOX 1747** ORANGE PARK FL 32067-1747

POST OFFICE BOX 1747 ORANGE PARK FL 32067-1747

## FILED Oct 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1997 2. Principal Place of Business P.O. Box 8688 2e. Mailing Address P.O. Box 8688 4. FEI Number Applied For 59-3451433 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 邥 5. Certificate of Status Desired 22 Fee Required 27 City & State
Jacksonville, Florida City & State 6. Election Campaign Financing \$5.00 May Be Jacksonville, Florida 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 32239 32239 Duva1 Duva1 25 29 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NICHOLS, JOHN W 1329 KINGSLEY AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE D Orange Park FL 32087 В3 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or profind name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President, Director & Change Add OFFICERS AND DIRECTORS 12. 13. President, Director TITLE □ DELETÉ 1.1 TITLE Martin Horn Martin Horn NAME 1.2 NAME P.O. Box 8688 8751 Ricardo Lane STREET ADDRESS 1.3 STREET ADDRESS Jacksonville FL 32239 Jacksonville, FL 32216 CI1Y - \$1 - ZIP 1.4 CITY-ST-ZIP Secretary, Treasurer, Directories Secretary, Treasurer, Directoffork TOLE 21 TITLE Chris Dormann NAME 2.2 NAME Chris Dirmann P.O. Box 8688 STREET ADDRESS 2.3 STREET ADDRESS 8751 Ricardo Lane CITY-ST-ZIP Jacksonville FL 32239 2.4 CITY-\$1-ZIP Jacksonville, FL 32216 DELETE Change TITLE 3.1 TALLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7)P 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP 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 6.1 TITLE Addition NAME 6.2 NAME -10/16/98---01009---0**2**7 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*550.00 CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 of 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 this 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 attaction with an address