

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90011 041 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000055389

1. Corporation Name

HORIZONS OF EDUCATION, INC.



Principal Place of Business
**13046 PALMETTO GLADE DR.
JACKSONVILLE FL 32246**

Mailing Address
**13046 PALMETTO GLADE DR.
JACKSONVILLE FL 32246**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

65-0765472

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 **DP** ☐ DELETE
NAME **GALLOWAY, A. BRUCE**
STREET ADDRESS **13046 PALMETTO GLADE DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **GALLOWAY, SHEILA**
STREET ADDRESS **13046 PALMETTO GLADE DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE **DST** ☐ DELETE
NAME **GALLOWAY, MARY R**
STREET ADDRESS **13046 PALMETTO GLADE DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE: **BRUCE GALLOWAY** 7-17-99 (904) 220-2111

CR2E034 (5/99)

593735-90011-41
P97000055389

July 16, 1999

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To the Manager:

I am writing to beg your indulgence and understanding regarding our tardiness in complying with the fee schedule. We (Horizons of Education) intend to fulfill our obligations; however, please consider these reasons for our delinquency:

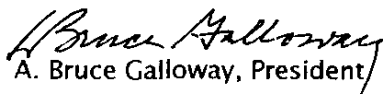
1) We did not receive the first notice.

2) Our new, relatively small 3-person partnership (my wife, sister and me) has depended upon advice from an attorney and assistance from a bookkeeper. Our attorney failed to provide adequate counsel and our bookkeeper dropped us early in the year, requiring us to find another, with resultant confusion.

3) We have been struggling to make this business work, losing money in each of the two years of HOE's existence, and honestly feel that this penalty is beyond our ability to pay.

We are enclosing our check for \$150 with the hope that you will approve and allow us to continue as a legitimate corporation.

With gratitude, I am, respectfully yours,


A. Bruce Galloway, President

Horizons of Education, Inc.
13046 Palmetto Glade Dr.
Jacksonville, FL 32246
(904) 220-2111 FAX: (904) 220-0720
E-mail: Horizedc@aol.com