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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9800003069

1. Corporation Name HORNER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90115 025 ***150.00



	100	PAPERALD VEV LAND			.	
io6 Emerald Key Lane Palm Beach Gardens Fl 33418		106 EMERALD KEY LANE PALM BEACH GARDENS FL 33418			DO NOT WRITE IN THIS SPAC	E
					3. Date Incorporated or Qualifed 01/12/1998	
2. Principal Place of Business		a. Mailing Address			4. FEI Number	Applied For
	26	J			95-4083549	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired See Required		
		City & State		c. Flortion Compaign Financing \$5.00 May		.00 May Be
	28	Oily & Oillio			1	ided to Fees
Country	29	Zip Country				
			T		10, Name and Address of New Registered Agent	
	·		81	Name		•
HORNER, DAVID N 106 EMERALD KEY LANE PALM BEACH GARDENS FL 33418			82			
			83			
			84	City	FL 85	Zip Code
	Country 25 Name and Address of Curl DAVID N RALD KEY LANE ACH GARDENS FL 33418	Country 25 Name and Address of Current Regis DAVID N RALD KEY LANE ACH GARDENS FL 33418	Suite, Apt. #, etc. 27 City & State 28 Country Zip Co 25 29 Name and Address of Current Registered Agent DAVID N RALD KEY LANE ACH GARDENS FL 33418	26	Suite, Apt. #, etc.	Business 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country 25 Name and Address of Current Registered Agent DAVID N PALD KEY LANE ACH GARDENS FL 33418 2a. Mailing Address 2b. 4. FEI Number 9 5 - 4 0 8 3 5 4 9 5. Certifcate of Status Desired 6. Election Campaign-Financing Trust Fund Contribution Action Action State 9 5 - 4 0 8 3 5 4 9 5. Certifcate of Status Desired 5. Election Campaign-Financing Trust Fund Contribution Action Action State 9 5 - 4 0 8 3 5 4 9 5. Certifcate of Status Desired 5. Election Campaign-Financing Property Tax. Action State 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City

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: Re	gistered Agent signature re	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELETE	1.1 TITLE	President Change Addition
NAME		12 NAME	David N. Horner
STREET ADDRESS		1.3 STREET ADDRESS	106 Emerald Key Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZiP	
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		54 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAMÉ	·
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		64 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:

(561)625-1688