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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000025993

Country

9. Name and Address of Current Registered Agent

25

BROWN, GLENN E

SUITE 900

2529 WEST BUSCH BLVD

1. Corporation Name

HORIZON SITE SERVICES, INC.

Principal Place of Business 3449 PARK SQUARE EAST #3 **TAMPA FL 33613** 

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

3449 PARK SOUARE EAST #3 **TAMPA FL 33613** 

## FILED Mar 14, 1999 8:00 am **Secretary of State**

03-14-1999 90041 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE							
3. Date Incorporated or Qualifed							
03/18/1998							
4. FEI Number	Applied For						
59-3504735	Not Applicable						
5. Certifcate of Status Desired	<b>\$8.75</b> Additional Fee Required						
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees						
This corporation owes the current ye Personal Property Tax.	ar Intangible □ Yes <b>V</b> No						
10. Name and Address of New Registered Agent							

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

**TAMPA FL 33618** Zip Code 84 85 City 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.

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Country

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SIGNATURE		(NOTE: Box	istered Agent signature re	cuired when reinstation	DATE	<u>}</u>
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Reg				RS IN 12
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO CIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ☐ Change ☐ Addition	
TITLE	D DE	LEIE	1.1 TITLE		□ ouange	
NAME	TOUCHSTONE, L. NAPIER		1.2 NAME			}
STREET ADDRESS	3449 PARK SQUARE EAST #3	1	1.3 STREET ADDRESS			1
CITY-ST-ZIP	TAMPA FL 33613		1.4 CITY-ST-ZIP			
TITLE		LETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE	☐ DE	LETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
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TITLE	DE	LETE	4.1 TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			4.4 CITY-ST-ZIP	<del></del>		
TITLE		ELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME	·	•	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST- ZIP			
TITLE	☐ DE	ELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY_ST_7IP			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.

3-6-99