**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000047475

1. Corporation Name

HORIZON BANCORPORATION, INC.

Principal	incipal Place of Business									
1605 MAII										
SARASOT	A FI 3423	36								

Mailing Address

1605 MAIN STREET #1111 SARASOTA FL 34236

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90263 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

					05/27/1998				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For		
	3005 26th St. W. 26 P O Box 14684		84		65-0840565	No	t Applicable		
	Suite, Apt. #, etc. Suite, Apt. #, etc.				<u>_</u>	\$8.75	Additional		
2 Suite C 27				5. Certificate of Status Desired	Fee Re	equired			
City & State City & State					6. Election Campaign Financing	\$5.00	May Be		
Bradenton, F1. 28 Bradenton, F1.					Trust Fund Contribution	Added t	•		
Zip Country Zip Co			Country		8. This corporation owes the current year	Intangible			
34205	25 Manatee	29 34280 30	Mana	tee	Personal Property Tax.	☐ Yes	□No		
	9. Name and Address of Current				10. Name and Address of New Registere	d Agent			
	•		81	Name					
CONOLEY, CHARLES S					82 Street Address (P.O. Box Number is Not Acceptable)				
41-68TH COURT, N.W.				Super Address (1.0. Box Halinovi is Not According)					
BRADENTON FL 34209					83				
	•		<u> </u>	L			Cada		
			84	City	F	85 Zip (	Code		
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named e	corporation submits this statement for the purpose	of changing its	registered		
office or r	egistered agent for both, in the State of	Florida. Such change was auth	iorized by	the coroc	oration's board of directors. I hereby accept the app	pointment as re	gistered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable /NOTE: De	wistered \$000	nt einnature e	equired when reinstating) DATE				
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	v eithigraight	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12		
TITLE	n	☐ DELETE	1.1 TITLE		D	☐ Change	Addition		
NAME	_		1.2 NAME		David K. Scherer	•	_		
,	CONCLET, CHARLES O			T ADDRESS	708 Palma Sola Blvd.				
STREET ADDRESS	77 00117 000111, 11.711				• • •				
CITY-ST-ZIP	BRADENTON FL 34209	☐ DELETE	1.4 CITY-S 2.1 TITLE	(-ZIP	Bradenton, F1. 34210	☐ Change	Addition		
TITLE			2.1 HILE 2.2 NAME		D		77		
NAMÉ	GEAGGOT, MICHAEL O		_		Bruce E. Shackelford				
STREET ADDRESS	719-46TH COURT, E.			TADDRESS	5310 Jim Davis Rd.				
CITY-ST-ZIP	PALMETTO FL 34221	(VI DELETE	2. 4 CITY-S	ST-ZIP	Parrish, Fl. 34219	☐ Change	∠ Addition		
TITLE	D		3.1 TITLE		. U		- E3 MOUNDON		
NAME	WOODRUFF, BRUCE R		3.2 NAME	ļ	Mary Ann Turner				
STREET ADDRESS	6939 RIVERSEDGE ST., CIR.		3.3 STREE	TADDRESS	1822 97th St. N.W.				
CITY-ST-ZIP	BRADENTON FL 34202		3.4. CITY-5	ST-ZIP	Bradenton, Fl. 34209				
TITLE	D	☐ DELETE	4.1 TITLE		0	☐ Change	Addition		
NAME	BENNETT, THOMAS C JR		4. 2 NAME		James J. Bazata				
STREET ADDRESS	6144-9TH AVE., CIR., N.E.		4.3 STREE	TADDRESS	301 72nd St.N.W.				
CITY-ST-ZIP	BRADENTON FL 34202		4.4 CITY-S	T-ZIP	Bradenton, F1. 34209	<del></del>			
TITLE	D	☐ DELETE	5.1 TITLE		0	☐ Change	xxXAddition		
NAME	MILLER, C. DONALD		5.2 NAME	,	Bernice Englund				
STREET ADDRESS	216-21ST ST., WEST		5.3 STREE	TADDRESS	6380 Jarvis Rd.				
CITY-ST-ZIP	BRADENTON FL 34216		5.4 CITY-S	T-ZIP_	Sarasota, Fl. 34241				
TITLE	D	☐ DELETE	6.1 TITLE		D	☐ Change	Addition		
NAMÉ	MULLEN, STEPHEN C		6.2 NAME		Clarence R. Urban				
STREET ADDRESS	820 IDLEWILD WAY		6.3 STREE	T ADDRESS	3319 59th Ave. Dr. E.				
CITY-ST-ZIP	SARASOTA FL 34242		6.4 CITY-S	T-ZIP	Bradenton, Fl. 34203				
UIIY-SI-ZIF	UNITAGO IN FL 34246		<b>=</b> V						

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 suppliemental 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: