

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 # P98000066355

1. Corporation Name

GREAT HORIZONS INVESTMENT AND MANAGEMENT, INC.

Principal Place of Business  
17422 EQUESTRIAN TRAIL  
ODESSA FL 33556

Mailing Address  
17422 EQUESTRIAN TRAIL  
ODESSA FL 33556

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90106 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1998

4. FEI Number

59-3531434

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2381 HANOVER DR.

Suite, Apt. #, etc.

2a. Mailing Address

26 2381 HANOVER DR.

Suite, Apt. #, etc.

City & State

23 DUNEDIN, FL

City & State

28 DUNEDIN, FL

Zip

24 34698 25 USA

Zip

29 34698 30 USA

9. Name and Address of Current Registered Agent

LANG, KENNETH  
17422 EQUESTRIAN TRAIL  
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name

LANG, KENNETH

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

2381 HANOVER DR.

83

84 City

DUNEDIN

FL

85 Zip Code  
34698

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

*Kenneth Lang, President*

*Kenneth Lang, President*

4/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PSD  
LANG, KENNETH  
STREET ADDRESS  
17422 EQUESTRIAN TRAIL  
CITY-ST-ZIP  
ODESSA FL 33556

TITLE ☐ DELETE

NAME  
VT  
LANG, GAIL  
STREET ADDRESS  
17422 EQUESTRIAN TRAIL  
CITY-ST-ZIP  
ODESSA FL 33556

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2381 HANOVER DR.  
DUNEDIN, FL 34698

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2381 HANOVER DR.  
DUNEDIN, FL 34698

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

*Kenneth Lang, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/9/99

(727) 733-6998  
Daytime Phone #

CR2E034 (1/1/98)