## 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 # P98000081243

HORN-A-PLENTY ENTERPRISES, INC.

Mailing Address Principal Place of Business 407 WEST SONATA CIRCLE 407 WEST SONATA CIRCLE PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/16/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-352.8087 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible \coprod No Personal Property Tax. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MARTIN, THOMAS Street Address (P.O. Box Number is Not Acceptable) 82 **407 WEST SONATA CIRCLE** PANAMA CITY BEACH FL 32413 83 85 Zip Code 84 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. President (P) Change ☐ DELETE 11 TITLE TITLE momas Martin 1.2 NAME 407 west Sonata Circle NAME 1.3 STREET ADDRESS STREET ADDRESS Panama City Beach, FL 32413 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS

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 13 if change of pr on an attachment with an address, with all other like empowered.

2.4 CITY-ST-ZIP

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3.4. CITY-ST-ZIP

31 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

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SIGNATURE:

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TITLE

NAME

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NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED Mar 10, 1999 8:00 am

**Secretary of State** 

03-10-1999 90030 046 \*\*\*150.00