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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V07739

(8)

HORIZON RESURFACE & REFINISHING CORP.

Principal Place 227 VENEZIA C PUNTA GORDA	ourt	227 VENEZIA	Mailing Address 227 VENEZIA COURT PUNTA GORDA FL 33950-6347							
							3. Date Incorporated or Qualified 01/21/1992	d 3a. Date of Last Report 02/16/1996		
2. Principal P	flace of Business	2a. Mailing 26	2a. Mailing Address 26				4. FEI Number 65-0306576	Applied For Not Applicable		
Suite, Apt	#, etc.	27					Certificate of Status Desired Status Desired Fee Required			
City & Stat		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 25		Zip 29	Country 30			•	This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent				1001	_	10. Name and Address of New Registered Agent				
DON	IAHUE, ROBERT				B1	Name		'	<u>'</u>	***************************************
227	VENEZIA COURT TA GORDA FL 33950				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
PUN	TA GUNDA FL 33930				83					
					84	City	·	FL	85 Zip (Code
office or r	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the ol	tate of Florida Such	change was	authorize	d by	/ the corporat	poration submits this statement for the pion's board of directors. I hereby accept	urpose of c	hanging it ntment as	s registered registered
SIGNATURE	Signature, typical or product name of registeres	d agest and tille if aggregable	e (NO	F Registere	d Aoe	ent signature requir	ed when reinstating)	DATE		
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
TITLE	D		DELETE	1.17					Change	Addition
NAME	DONAHUE, ROBERT			1.2 N	AME					
STREET ADDRESS	227 VENEZIA COURT			1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	Punta Gorda Fl			1.4 0	ITY-S	ST-ZIP				
TITLE			DELETE	2.1 J	ITLE				Change	Addition
NAME				2.2 N	AME					
STREET ADDRESS				2.3 S	TREET	ADDRESS				
CITY-ST-ZIP				2.40	CITY-	ST-ZIP				
TITLE			L_ DELETE	3.1 T	ITLE			, L	Change	Addition
NAME				3.2 N	IAME		:	\$10 mg		
STREET ADDRESS				3.3 \$	TREET	ADDRESS				
CITY- ST - ZIP			Dr. ere			ST-ZIP			7.0	1.000
TITLE			☐ DELETE	4.1 7				L	Change	Addition
NAME	Į.				NAME	1				
STREET ADDRESS						T ADDRESS				
CITY - S1 - ZIP			Llogicae			ST-ZIP			10	A delition
TITLE			DELETE	5.1 T				L	Change	Addition
NAME					IAME					
STREET ADDRESS						ADDRESS				
CITY-\$1-7iP			DELETE			ST-ZIP			Change	☐ Addition
TIFLE			ויין מנונונ	61 T		}		L	change	L ACOUON
NAME				•	AME					
STREET ADDRESS				6.3 5	TREET	T ADORESS				

14. I do hereby certily that the information supplied with this filling 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

CHIGHERT DONAHUE 1/24/97