FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K94068** **(9)**

1. Corporation Name

OMNI APPRAISAL GROUP, P.A.

Principal Place of Business	Mailing Address
15619 PREMIERE DRIVE SUITE 104 TAMPA FL 33624-1332	15619 PREMIERE DRIVE SUITE 104 TAMPA FL 33624-1332

3. Date Incorporated or Qualified: **06/09/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2962722** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, GREGORY G.
15619 PREMIERE DR.,
SUITE 104
TAMPA FL 33624-1332

10. Name and Address of New Registered Agent

81 Name: GEORGE A. CUDDEBACK
82 Street Address (P.O. Box Number is Not Acceptable): 15619 PREMIERE DRIVE, SUITE 104
83
84 City: TAMPA **FL** 85 Zip Code: 33624-1332

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: _____ GEORGE A. CUDDEBACK, PRES/D MARCH 21, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CUDDEBACK, GEORGE A.		1.2 NAME	
STREET ADDRESS	15619 PREMIERE DR., STE 104		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	VPST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, GREGORY G.		2.2 NAME	
STREET ADDRESS	15619 PREMIERE DRIVE, STE 104		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CHERYL R.		3.2 NAME	
STREET ADDRESS	15619 PREMIERE DR., STE 104		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TRACZYK STEVEN M		4.2 NAME	
STREET ADDRESS	15619 PREMIERE DRIVE STE 104		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ MARCH 21, 1996 (813)960-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #