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FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 319323 (2)

1. Corporation Name  
OMNI METAL INDUSTRIES INC

Principal Place of Business

U.S. 19 SOUTH  
P.O. BOX 462  
MONTICELLO FL 32345  
US

Mailing Address

U.S. 19 SOUTH  
P.O. BOX 462  
MONTICELLO FL 32345-0462  
US



2. Principal Place of Business

21 Arthur Watson Ind. Park

2a. Mailing Address

26 P.O. Box 462

Suite, Apt. #, etc.

22 US 19 South

Suite, Apt. #, etc.

27

City & State

23 Monticello, FL

City & State

28 Monticello, FL

Zip

24 32344

Country

25 USA

Zip

29 32345

Country

30 USA

9. Name and Address of Current Registered Agent

ELKINS, CHARLES R.  
U.S. 19 SOUTH  
MONTICELLO FL 32344

3. Date Incorporated or Qualified

07/28/1967

3a. Date of Last Report

04/30/1996

4. FEI Number

59-1172632

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

CHARLES R. ELKINS PRES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ELKINS, CHARLES R.  
STREET ADDRESS U.S. 19 SOUTH  
CITY - ST - ZIP MONTICELLO FL

TITLE SD ☐ DELETE

NAME ELKINS, JANET A.  
STREET ADDRESS U.S. 19 SOUTH  
CITY - ST - ZIP MONTICELLO FL

TITLE VP ☐ DELETE

NAME ELKINS, C. RANDALL  
STREET ADDRESS U.S. 19 SOUTH  
CITY - ST - ZIP MONTICELLO FL

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 do 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.

SIGNATURE:

CHARLES R. ELKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-97

CR2E034 (9/96)