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95 APR 26 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 622184 (0)

1. Corporation Name
OMEGA INSURANCE COMPANY

Principal Place of Business 645 RIVERSIDE AVE. SUITE 619 P.O. BOX 41805 JACKSONVILLE FL 32203	Mailing Address 645 RIVERSIDE AVE. SUITE 619 P.O. BOX 41805 JACKSONVILLE FL 32203
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DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 05/18/1979	3a. Date of Last Report 04/20/1994
4. FEI Number 59-1906611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITOL BLDG.
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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 this 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 NOTE: Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TERRY, C. HERMAN
STREET ADDRESS	1301 GULF LIFE DRIVE, 2218
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	KYLE, WILLIAM L., JR.
STREET ADDRESS	4250 LAKESIDE DRIVE, 304
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	CPT
NAME	WINSTON, JAMES HORNER
STREET ADDRESS	645 RIVERSIDE, STE 619
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	JONES, LYNELL M.
STREET ADDRESS	645 RIVERSIDE, STE 619
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V William J. Shively
1.3 STREET ADDRESS	7208 W. University Avenue
1.4 CITY - ST - ZIP	Gainesville, FL 32607
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Walter A. McRae, Jr.
2.3 STREET ADDRESS	1725 Memorial Park Drive
2.4 CITY - ST - ZIP	Jacksonville, FL 32204
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Lynell M. Jones Lynell M. Jones 4/19/95 (904) 358-2625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number