

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

**FILED**

**Jan 23 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 # 622184 (0)**  
1. Corporation Name  
**OMEGA INSURANCE COMPANY**



Principal Place of Business Mailing Address  
**645 RIVERSIDE AVE. SUITE 619  
P.O. BOX 41605  
JACKSONVILLE FL 32203**

3. Date Incorporated or Qualified **05/18/1979** 3a. Date of Last Report **04/17/1996**  
4. FEI Number **59-1906611** 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

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

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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>TERRY, C. HERMAN</b> 1301 GULF LIFE DRIVE, 2216 JACKSONVILLE FL	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mary Burgman Winston</b> 645 Riverside Avenue, Suite 619 Jacksonville, FL 32204
TITLE <b>SD</b>	<input type="checkbox"/> DELETE <b>KYLE, WILLIAM L., JR.</b> 4250 LAKESIDE DRIVE, 304 JACKSONVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>CPT</b>	<input type="checkbox"/> DELETE <b>WINSTON, JAMES HORNER</b> 645 RIVERSIDE, STE 619 JACKSONVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>JONES, LYNELL M.</b> 645 RIVERSIDE, STE 619 JACKSONVILLE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>SHIVELY, WILLIAM J</b> 7208 W UNIVERSITY AVENUE GAINESVILLE FL 32607	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>MCRAE, WALTER A JR</b> 1725 MEMORIAL PARK DRIVE JACKSONVILLE FL 32204	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lynell M. Jones **Lynell M. Jones** 1/13/97 (904) 358-2625  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)