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FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90067 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 622184

1. Corporation Name
OMEGA INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

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

Mailing Address
 645 RIVERSIDE AVE. SUITE 619
 P.O. BOX 41605
 JACKSONVILLE FL 32203

3. Date Incorporated or Qualified
05/18/1979

4. FEI Number
59-1906611

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **601 II RIVERSIDE AVE.** 26

22 **619** 27

23 **JACKSONVILLE, FL** 28

24 **32204** 25 29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **TERRY, C. HERMAN**
 STREET ADDRESS **1301 GULF LIFE DRIVE, 2216**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** DELETE
 NAME **KYLE, WILLIAM L., JR.**
 STREET ADDRESS **4250 LAKESIDE DRIVE, 304**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CPT** DELETE
 NAME **WINSTON, JAMES HORNER**
 STREET ADDRESS **645 RIVERSIDE, STE 619**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** DELETE
 NAME **JONES, LYNELL M.**
 STREET ADDRESS **645 RIVERSIDE, STE 619**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** DELETE
 NAME **SHIVELY, WILLIAM J**
 STREET ADDRESS **7208 W UNIVERSITY AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** DELETE
 NAME **MORAE, WALTER A JR**
 STREET ADDRESS **1725 MEMORIAL PARK DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** Change Addition
 1.2 NAME **RENEE BATEH**
 1.3 STREET ADDRESS **6331 Pottsburg Plantation**
 1.4 CITY-ST-ZIP **Jacksonville, FL**

2.1 TITLE **Mary Burgman Winston, Director** Change Addition
 2.2 NAME **4825 Ortega Blvd.**
 2.3 STREET ADDRESS **Jacksonville, FL**
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **601 II RIVERSIDE AVE. STE. 619**
 3.4 CITY-ST-ZIP

4.1 TITLE **Director** Change Addition
 4.2 NAME **Robert L. Stein**
 4.3 STREET ADDRESS **3903 Ortega Blvd.**
 4.4 CITY-ST-ZIP **Jacksonville, FL**

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 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, with all other like empowered.

SIGNATURE: *Renee Bateh* **SIGNATURE REQUIRED**

3/23/99

Date

Daytime Phone #

CR2E234 (11/98)