FILE NOW: FILING FEE IS \$61.25

NONPROFIT Jan 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (9) OMS INTERNATIONAL, INC. Principal Place of Business Mailing Address 941 FRY ROAD 941 FRY ROAD 3. Date Incorporated or Qualified PO BOX A PO BOX A 06/30/1971 **GREENWOOD IN 48142-1821** GREENWOOD IN 46142-1821 4. FEI Number Applied For 95-1891575 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 П 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PORTER ARCHIE 82 Street Address (P.O. Box Number is Not Acceptable) 419 76TH AVE 83 ST PETERSBURG BEACH FL Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE ☐ Change Addition 1.1 TITLE CROUSE, J.B., JR NAME 1.2 NAME 941 FRY ROAD STREET ADDRESS 1.3 STREET ADDRESS GREENWOOD IN CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 TITLE **ROY KANE** NAME 2.2 NAME **941 FRY RD** STREET ADDRESS 2.3 STREET ADDRESS **GREENWOOD IN** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE SPACHT, RANDALL NAME 3.2 NAME 941 FRY RD STREET ADDRESS 3.3 STREET ADDRESS Greenwood in CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TAILE ☐ Change Addition NAME DICK, DAVID 4. 2 NAME STREET ADDRESS 951 FRY RD 4.3 STREET ADDRESS GREENWOOD IN CITY-ST-ZIP 4.4 City - ST-ZIP DELETE TITLE Change 5.1 TITLE Addition HALTOM, DOUGLAS NAME 5.2 NAME 941 FRY ROAD STREET ADDRESS 5.3 STREET ADDRESS GREENWOOD IN CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition DOTY, SHEILA A. NAME 6.2 NAME 941 FRY ROAD STREET ADDRESS 6.3 STREET ADDRESS **GREENWOOD IN** 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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