

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90009 013 ***550.00

DOCUMENT # 856536

1. Entity Name
OSI, INC.



Principal Place of Business

3950 BIRMINGHAM HWY
P O BOX 5230
MONTGOMERY, AL 36103-5230

Mailing Address

3950 BIRMINGHAM HWY
P O BOX 5230
MONTGOMERY, AL 36103-5230

54063388



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0761346

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
COLBERT, KELLY K
3950 BIRMINGHAM HWY
MONTGOMERY, AL 36108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MORRISON, WILLIAM
3950 BIRMINGHAM HWY
MONTGOMERY, AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDCT
COOK, JOHNNY L
3950 BIRMINGHAM HWY
MONTGOMERY, AL 36108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DOWNS, JOHN G
3950 BIRMINGHAM HWY
MONTGOMERY, AL 36108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johnny L. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHNNY L. COOK

7/16/04

254-793-1290