FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F29149** **(4)**

1. Corporation Name
OMNIBUS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1221 W. LAKEVIEW AVENUE PENSACOLA FL 32501	1221 W. LAKEVIEW AVENUE PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1981**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2108989** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WRIGHT, MOULTON ESQ.
25 WEST CEDAR STREET
PENSACOLA, FL
32501

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VCD~~	11 TITLE	VCD	☒ Change ☐ Addition
NAME	~~ANDREWS, KENNETH~~	12 NAME	BLACKSTON-RILEY, ANN	
STREET ADDRESS	~~5250 GULL POINT RD~~	13 STREET ADDRESS	707 Pinestead Road	
CITY-ST-ZIP	~~PENSACOLA FL~~	14 CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	POWELL, MELBA K.	22 NAME		
STREET ADDRESS	11610 CABOT ST	23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP		
TITLE	~~CD~~	31 TITLE	CD	☒ Change ☐ Addition
NAME	~~BOND, W. FRED~~	32 NAME	ANDREWS, KENNETH	
STREET ADDRESS	~~5 N. SUNSET BLVD~~	33 STREET ADDRESS	5150 Gull Point Road	
CITY-ST-ZIP	~~GULF BREEZE FL~~	34 CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CRONGEYER, MARY ANN S.	42 NAME		
STREET ADDRESS	426 RUE DE ROCHEBLAVEW	43 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP		
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	EADDY, MORRIS L	52 NAME		
STREET ADDRESS	4030 COLLINGSWOOD RD	53 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ Morris L. Eaddy (904)432-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0449062 FP