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 APR 27 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001231 (9)**

1. Corporation Name

OMNIDEX CORPORATION

Principal Place of Business	Mailing Address
11201 DANKA CIR., NORTH ST. PETERSBURG FL 33716	11201 DANKA CIR., NORTH ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1994

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22: CORP. TAX

City & State — 23:

Zip — 24: | Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27: CORP. TAX

City & State — 28:

Zip — 29: | Country — 30:

4. FEI Number: 88-0310368 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	PAULL, LESLIE O	12 NAME	DOYLE, DANIEL M.	
STREET ADDRESS	1325 AIRMOTIVE WAY	13 STREET ADDRESS	1325 AIRMOTIVE WAY #130	
CITY ST ZIP	RENO NV 89502	14 CITY ST ZIP	RENO, NV 89502	
TITLE	V	21 TITLE	VICE PRES/DIRECTOR	☒ Change ☐ Addition
NAME	SNELL, DAVID C	22 NAME		
STREET ADDRESS	1325 AIRMOTIVE WAY	23 STREET ADDRESS	1325 AIRMOTIVE WAY #130	
CITY ST ZIP	RENO NV 89502	24 CITY ST ZIP		
TITLE	SD	31 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	THORN, W. THOMPSON III	32 NAME	TAYLOR, DEBRA A.	
STREET ADDRESS	1325 AIRMOTIVE WAY	33 STREET ADDRESS	1325 AIRMOTIVE WAY #130	
CITY ST ZIP	RENO NV 89502	34 CITY ST ZIP	RENO, NV 89502	
TITLE	T	41 TITLE		☒ Change ☐ Addition
NAME	FREEMAN, WILLIAM T	42 NAME		
STREET ADDRESS	1325 AIRMOTIVE WAY	43 STREET ADDRESS	1326 AIRMOTIVE WAY #130	
CITY ST ZIP	RENO NV 89502	44 CITY ST ZIP		
TITLE		51 TITLE	VICE PRES/DIRECTOR	☐ Change ☒ Addition
NAME		52 NAME	LUMBERG, R. PAUL	
STREET ADDRESS		53 STREET ADDRESS	1325 AIRMOTIVE WAY #130	
CITY ST ZIP		54 CITY ST ZIP	RENO, NV 89502	
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: R. Scott Repinski — R. SCOTT REPINSKI, TAX DIRECTOR — Date: 4/25/95 — (813) 576-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

031A96 CR