

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H16219

1. Corporation Name
OMNI NATIONAL, INC.

Principal Place of Business

1113 WINGED FOOT CR W.
WINTER SPGS FL 32708
US

Mailing Address

1113 WINGED FOOT CR W
WINTER SPGS FL 32708
US

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90071 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1984

4. FEI Number

59-2434807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

No

2. Principal Place of Business

2a. Mailing Address

21 1431 Whitehall Blvd
Suite, Apt. #, etc.

26 1431 Whitehall Blvd
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Winter Springs, FL
Zip Country

28 Winter Springs, FL
Zip Country

24 32708 25 Seminole

29 32708 30 Seminole

9. Name and Address of Current Registered Agent

HARBERT, RONALD A.
THE LANDMARK II BLDG., SUITE #600
225 E. ROBINSON STREET
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE
NAME HAGUE, VIRGINIA

STREET ADDRESS 1113 WINGED FOOT CT W
CITY-ST-ZIP WINTER SPGS FL

P ☐ DELETE
NAME HAGUE, JOHN B

STREET ADDRESS 1113 WINGED FOOT CR W
CITY-ST-ZIP WINTER SPGS FL

☐ DELETE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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: *Virginia Hague*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99 (407) 366-2257
Date Daytime Phone #

CR2E034 (11/98)