

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H52418 (1)

1. Corporation Name

OMNI INDUSTRIES, INC.



Principal Place of Business

Mailing Address

6737 S.W. 46TH AVE
GAINESVILLE FL 32608

6737 S.W. 46TH AVE
GAINESVILLE FL 32608

3. Date Incorporated or Qualified

04/16/1985

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

21 2220 FLORENCE AVE.

Suite, Apt. #, etc.

22

City & State

23 DELAND, FL

Zip

24 32724

Country

25 U.S.

2a. Mailing Address

26 2220 FLORENCE AVE.

Suite, Apt. #, etc.

27

City & State

28 DELAND, FL

Zip

29 32724

Country

30 U.S.

4. FEI Number

59-2529677

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 has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUDSON, JOHN E.
211 S.W. 4TH AVE.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

FRANCES H. LEWIS

82 Street Address (P.O. Box Number is Not Acceptable)

2220 FLORENCE AVE.

83

84 City

DELAND

FL

85 Zip Code

32724

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

TITLE PVTD ☐ DELETE

NAME LEWIS, JOHN E., JR.

STREET ADDRESS 6737 S.W. 46TH AVE.

CITY-ST-ZIP GAINESVILLE FL

TITLE S ☒ DELETE

NAME JACOBY, RONALD, E

STREET ADDRESS 3410 NE 12TH ST

CITY-ST-ZIP GAINESVILLE FL

TITLE SECRETARY ☐ DELETE

NAME FRANCES H. LEWIS

STREET ADDRESS 2220 FLORENCE AVE.

CITY-ST-ZIP GAINESVILLE, FL 32724

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. LEWIS, JR.

March 25, 1996 352-335-1849

Date

Daytime Phone #

CR2E034 (12/95)