

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 # **J39867** (3)

1. Corporation Name
OMNI TAX AND FINANCIAL ADVISERS, INC.



Principal Place of Business
**2203 N. LOIS STE. 705
TAMPA FL 33607**

Mailing Address
**2203 N. LOIS STE. 705
TAMPA FL 33607**

3. Date Incorporated or Qualified 10/27/1986	3a. Date of Last Report 03/31/1995
4. FEI Number 59-2737539	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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt., R., etc.	26. State, Apt., R., etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**CHURCH, KATHLEEN BAGGETT
109 DRIFTWOOD LANE
LARGO FL 34640**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 607.1505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Printed Name of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS	
1. TITLE	☐ DELETE
NAME	CHURCH, KATHLEEN BAGGETT
STREET ADDRESS	109 DRIFTWOOD LANE
CITY, ST, ZIP	LARGO FL
2. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
3. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
4. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
5. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. 1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
2. 1. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
3. 1. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
4. 1. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
5. 1. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
6. 1. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
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)(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 checked, or on an attachment with an addressee.

SIGNATURE: *KB Church*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-96 813 871-2000

CR2E034 (12/95)