

AMENDED
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PROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED

99 MAY 24 PM 1:49

DOCUMENT # K94068

1. Corporation Name

OMNI APPRAISAL GROUP, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**15619 Premiere Drive
Suite 104
Tampa, Florida 33624**

Mailing Address

**15619 Premiere Drive
Suite 104
Tampa, Florida 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1989

4. FEI Number
59-2962722

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc.

26

Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CUDDEBACK, GEORGE A.
15619 Premiere Drive, Suite 104
Tampa, Florida 33624**

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

TITLE PD ☐ DELETE

NAME **CUDDEBACK, GEORGE A.**

STREET ADDRESS **15619 Premiere Drive, Suite 104**

CITY-ST-ZIP **Tampa, Florida 33624**

TITLE VPST ☒ DELETE

NAME **JOHNSON, GREGORY G.**

STREET ADDRESS **15619 Premiere Drive, Suite 104**

CITY-ST-ZIP **Tampa, Florida 33624**

TITLE VPD ☐ DELETE

NAME **TRACZYK, STEVEN M.**

STREET ADDRESS **15619 Premiere Drive, Suite 104**

CITY-ST-ZIP **Tampa, Florida 33624**

TITLE AS ☐ DELETE

NAME **PAULIN, SUSAN**

STREET ADDRESS **15619 Premiere Drive, Suite 104**

CITY-ST-ZIP **Tampa, Florida 33624**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

VPST

☐ Change ☒ Addition

12 NAME

BLAUSER, RANDY R.

13 STREET ADDRESS

15619 Premiere Drive, Suite 104

14 CITY-ST-ZIP

Tampa, Florida 33624

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

STEVEN M. TRACZYK, MAI

5-17-99

813-960-9080

CR2E034 (11/98)