

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003879 (0)**

1. Corporation Name
OMNIVISION INC.



Principal Place of Business 737 THIRD AVENUE, NORTH ST. PETERSBURG FL 33701	Mailing Address POST OFFICE BOX 14183 ST. PETERSBURG FL 33733
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3. Date Incorporated or Qualified
07/03/1997

4. FEI Number ☐ Applied For ☒ Not Applicable

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

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SESLER, LINDA L
4747 YARMOUTH AVENUE, SOUTH
ST. PETERSBURG FL 33711**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Linda L. Sesler **Linda L. Sesler** DATE **04-22-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	Sesler, Linda L.	
STREET ADDRESS	4747 Yarmouth Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	VMD	<input type="checkbox"/> DELETE
NAME	Hobbs, Pamela	
STREET ADDRESS	4747 Yarmouth Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	Wilson, Bland Jr.	
STREET ADDRESS	2151 55th Avenue South #1704	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Melvin, Michael	
STREET ADDRESS	242 20th Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	Culbreth, Michael	
STREET ADDRESS	5230 11th Avenue South	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	Wilson, Jennifer	
STREET ADDRESS	2151 55th Avenue South #1704	
CITY-ST-ZIP	St. Petersburg, FL 33711	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela Hobbs **Pamela Hobbs** DATE **04-22-98** (813)321-3871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)