

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-15-1999 90130 011 ****70.00

DOCUMENT # N97000003879

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number

NOT APPLICABLE

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

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. Sessler

03/30/99

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 ☐ DELETE
NAME **PCD**
STREET ADDRESS **SESLER, LINDA L**
CITY-ST-ZIP **4747 YARMOUTH AVE SO**
ST PETERSBURG FL 33711

TITLE ☐ DELETE
NAME **VMD**
STREET ADDRESS **HOBBS, PAMELA**
CITY-ST-ZIP **4747 YARMOUTH AVE SO**
ST PETERSBURG FL 33711

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **WILSON, ELAND JR**
CITY-ST-ZIP **2151 55TH AVE S., SUITE #1704**
ST PETERSBURG FL 33712

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **MELVIN, MICHAEL**
CITY-ST-ZIP **242 20TH AVE SO**
ST PETERSBURG FL 33701

TITLE ☐ DELETE
NAME **TT**
STREET ADDRESS **CULBRETH, MICHAEL**
CITY-ST-ZIP **5230 11TH AVE SO**
GULFPORT FL 33707

TITLE ☒ DELETE
NAME **ST**
STREET ADDRESS **WILSON, JENNIFER**
CITY-ST-ZIP **2151 55TH AVE S., SUITE #1704**
ST PETERSBURG FL 33711

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P/C/D**
1.3 STREET ADDRESS **SESLER, LINDA L**
1.4 CITY-ST-ZIP **4747 YARMOUTH AVE SO**
ST. PETERSBURG, FL 33711

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **V/MD**
2.3 STREET ADDRESS **HOBBS, PAMELA**
2.4 CITY-ST-ZIP **4747 YARMOUTH AVE SO**
ST. PETERSBURG, FL 33711

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **V/Tr**
3.3 STREET ADDRESS **WILSON, ELAND JR**
3.4 CITY-ST-ZIP **4211 Alberca Way South**
ST. PETERSBURG, FL 33712

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **S/Tr**
4.3 STREET ADDRESS **EDNA BONITTO**
4.4 CITY-ST-ZIP **3874 36 TERRACE #20-G**
ST. PETERSBURG, FL 33711

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **T/Tr**
5.3 STREET ADDRESS **CULBRETH, MICHAEL**
5.4 CITY-ST-ZIP **5230 11TH AVENUE SOUTH**
GULFPORT, FL 33707

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **V/D**
6.3 STREET ADDRESS **JORDAN, JEROME**
6.4 CITY-ST-ZIP **2563 12TH AVENUE SOUTH**
ST. PETERSBURG, FL 33712

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Linda L. Sessler* (Linda L. Sessler)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-99 727-321-3871

Date

Daytime Phone #

CR2E037 (11/98)