

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P01665 (9)

1. Corporation Name

OMD CORPORATION



Principal Place of Business

3705 MISSOURI BLVD.  
P.O. BOX 6760  
JEFFERSON CITY MO 65109  
US

Mailing Address

3705 MISSOURI BLVD.  
P.O. BOX 6760  
JEFFERSON CITY MO 65109  
US

3. Date Incorporated or Qualified

04/18/1984

3a. Date of Last Report

04/11/1995

4. FEI Number

43-1321338

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 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 DP ☐ DELETE

NAME MCANANY, DONNA  
STREET ADDRESS 4910 SHARON DRIVE  
CITY-ST-ZIP JEFFERSON CITY MO

TITLE D ☒ DELETE

NAME PIERCE, PAUL R.  
STREET ADDRESS 736 HOBBS ROAD  
CITY-ST-ZIP JEFFERSON CITY MO

TITLE DVPS ☐ DELETE

NAME LEVEN, DARRELL  
STREET ADDRESS 705 HARVEST DRIVE  
CITY-ST-ZIP JEFFERSON CITY MO

TITLE VP ☐ DELETE

NAME HIRSCHMAN, DAVID  
STREET ADDRESS 3605 MALL RIDGE DRIVE  
CITY-ST-ZIP JEFFERSON CITY FL

TITLE VP ☐ DELETE

NAME DOERING, DENNIS  
STREET ADDRESS 2014 AUTUM LANE  
CITY-ST-ZIP JEFFERSON CITY MO

TITLE VP ☐ DELETE

NAME SMITH, DONNA  
STREET ADDRESS 5317 SHERIDAN DRIVE  
CITY-ST-ZIP JEFFERSON CITY MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVPT ☐ Change ☒ Addition

1.2 NAME O. Edwin Courtney  
1.3 STREET ADDRESS Rt #1 Box 21  
1.4 CITY-ST-ZIP Henley MO 65040

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Gerald Roof  
2.3 STREET ADDRESS 5515 Old Highway 45  
2.4 CITY-ST-ZIP Paducah KY 42001

3.1 TITLE D ☒ Change ☒ Addition

3.2 NAME Pierce, Paul R.  
3.3 STREET ADDRESS 2433 Thomas Drive, #147  
3.4 CITY-ST-ZIP Panama City Beach, FL 32408

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:

*O. Edwin Courtney*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

04/15/96

Date

573-893-8930

Daytime Phone

CR2E034 (12/95)