-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01665

(9)

OMD CORPORATION

FILED May 04 1998 8:00am Secretary of State



**************************************			<u> </u>					
Principal Plac	Mailing Address							
3705 MISSOURI BLVD.		3705 MISSOURI BLVD.						
P.O. BOX 676	OTY MO 65109	P.O. BOX 6760 JEFFERSON CITY MO 65109		IN TON OC	DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualified				
**					04/18/1984	Ju		
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		T Ar	pplied For
21		26			43-1321338			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27			5. Cermicate of Status Desired	Ш	Fee Re	equired
City & State		City & State		6. Election Campaign Financin	9	\$5.00	May Be	
23		28	·		Trust Fund Contribution		Added	to Fees
Zip	<u> </u>		Countr	y	8. This corporation owes or ha			
24	[25]	[29]	30		Personal Property Tax due			
	9. Name and Address of Current		81	Name	10. Name and Address of New	Hegistered	Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC.				INAME				
1201 HAYS STREET			82	Street A	ddress (P.O. Box Number is Not Acce	ptable)		
SUITE 105 TALLAHASSEE FL 32301			83	 				
IAI	LLANASSEE PL 32301		63	1				
			84	City		FL	85 Zip	Code
44 Dura cant	to the provisions of Continue CO7 BCD	and CO7 1E09 Florida Clated	on the short	o nomed o	orporation submits this statement for t		n hooming i	to reciptored
office or r	egistered agent, or both, in the State	of Florida. Such change was a	authorized b	v the corpo	oration's board of directors. I hereby a	ccept the app	pointment as	registered
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505, Flo	orida Statute	S.				
SIGNATURE	Signature typed or printed name of registered ager	NOT	Property Ag	not remote to te	equired when reinstating)	DATE.		
12.	OFFICERS AND	A	13.	ent arginature re	ADDITIONS/CHANGES TO O		D DIBECTOR	RS IN 12
TITLE	D VPT	▼ DELETE	1.1 TITLE		7		Change	Addition
NAME	CONDITION O COMMI		1.2 NAME	١,	Greg Allen		_	·
STREET ADDRESS	RT. # BOX 21		1.3 STREE		110 Riverwood Dri			Į
CITY-ST-ZIP	Henley Mo		1.4 C/TY-:	ST-ZIP	Jefferson City, MO 65	5109		ļ
TITLE	D .	☐ DELETE	21 TITLE		7,		Change	☐ Addition
NAME	ROOF, GERALD		2.2 NAME					
STREET ADDRESS	\$515 OLD HIGHWAY 45		23 STREET ADDRESS		See attached list			!
CITY-ST-ZIP	PADUCAH KY		2 4 CHY-SI-71		See a vaccion			
TITLE	D .	☐ DELETE	3 1 TITLE				Change	Addition
NAME	PIERCE, PAUL R.		3.2 NAME					}
STREET ADDRESS	2433 THOMAS DRIVE, #147		3.3 STREE	T ADDRESS				j
CITY-ST-ZIP	PANAMA CITY FL		3.4. CITY-	ST-ZIP				
TITLE	VP	☐ DELETE	4.1 TITLE				Change	Addition
NAME	HIRSCHMAN, DAVID		4. 2 NAME					
STREET ADDRESS	3605 MALL RIDGE DRIVE		4.3 STREE	I ADDRESS				
CITY-ST-ZIP	JEFFERSON CITY FL		4.4 CITY-	ST - ZIP				
TITLE	VP	DELETE	5.1 TITLE				Change	Addition
NAME	DOERING, DENNIS		5.2 NAME					
STREET ADDRESS			5.3 STREE	F ADDRESS	•			
CITY-ST-ZIP	JEFFERSON CITY MO		5.4 CITY -	ST-ZIP				
TITLE		☐ DELET E	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY-5	S1-2IP				

14. Thereby 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.

117190

OFFICERS/DIRECTORS/SHAREHOLDERS

- * CHAIRMAN/DIRECTOR PAUL PIERCE SOCIAL SECURITY #309-36-5896 2433 THOMAS DRIVE, # 147 PANAMA CITY BEACH, FL
- * PRESIDENT/DIRECTOR DONNA MCANANY SOCIAL SECURITY #486-52-7948 4910 SHARON DRIVE JEFFERSON CITY, MO 65109
- * SR VP/ASST SECRETARY/DIRECTOR DARRELL LEVEN SOCIAL SECURITY #491-64-4134 705 HARVEST DRIVE JEFFERSON CITY MO 65109

VP, TECHNICAL SUPPORT DAVID R. HIRSCHMAN SOCIAL SECURITY #494-52-4461 3605 MALL RIDGE DRIVE JEFFERSON CITY, MO 65109

VP, SOFTWARE DEVELOPMENT/ASST SECRETARY DENNIS N. DOERING SOCIAL SECURITY #493-58-0652 2014 AUTUMN LANE JEFFERSON CITY, MO 65101

TREASURER GREG ALLEN

SOCIAL SERUCITY #488-74-6106 110 RIVERWOOD DR JEFFERSON CITY, MO 65109

SECRETARY

JUDY HEISBERGER SOCIAL SECURITY #509-40-1305 26 OSAGE LAKE OZARK, MO 65049

- * DIRECTOR GERALD ROOF SOCIAL SECURITY # 406-25-1944 5515 OLD HIGHWAY 45 PADUCAH KY 42003
- * DIRECTOR O. EDWIN COURTNEY SOCIAL SECURITY #486-42-1568 RT #1 BOX 21 HENLEY MO 65040

STOCKHOLDERS 45% PAUL AND MONA PIERCE OMD PROFIT SHARING PLAN 51% MISC SHARHOLDERS 4%