

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:02**

DOCUMENT # P08618

(1)

1. Corporation Name

OMNIA CUM DEO CORP.

Principal Place of Business

**2100 STATE ROAD 540 WEST
WINTER HAVEN FL 33880-1769**

Mailing Address

**2100 STATE ROAD 540 WEST
WINTER HAVEN FL 33880-1768**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/31/1985

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

1745 FOREST DRIVE

Suite, Apt. #, etc.

4. FEI Number

41-1533041

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

City & State

23

City & State

20

INVERNESS, FLA.

Zip

24

Country

Zip

29

34453

Country

30

CITRUS

9. Name and Address of Current Registered Agent

LYNN, SUSAN-

-2100 STATE ROAD, 540 W-

-WINTER HAVEN FL 33880-

10. Name and Address of New Registered Agent

81 Name

Maryellen Phillips

82 Street Address (P.O. Box Number is Not Acceptable)

1745 Forest Drive

83

84 City

Inverness

FL

85 Zip Code

34453

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

Maryellen Phillips

(NOTE: Registered Agent signature required when consolidating)

3-31-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	BRIXUS, S.
STREET ADDRESS	21720 FAIRVIEW
CITY - ST - ZIP	GREENWOOD MN
TITLE	PD
NAME	BRIXUS, FRANK J.
STREET ADDRESS	21720 FAIRVIEW
CITY - ST - ZIP	GREENWOOD MN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 110.07(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.

Omnia Cum Deo Corp.

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95 612-474-3583

Date

Telephone Number