


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P93000075250 (9)

1. Corporation Name  
OMNI CONTRACTORS, INC.

Principal Place of Business  
11457 SAN JOSE BLVD., 137  
JACKSONVILLE FL 32223

Mailing Address  
11457 SAN JOSE BLVD., 137  
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1993		3a. Date of Last Report 03/20/1996	
21		26		4. FEI Number 59-3208292		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

FILLINGANE, H. PERRY JR.  
11487 MALIBU WAY SOUTH  
JACKSONVILLE FL 32223

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
3200 HARTLEY ROAD APT. 103  
83.  
84. City  
JACKSONVILLE FL 85. Zip Code  
32257

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 *H. Perry Fillingane Jr.* H. PERRY FILLINGANE JR. 9/12/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	PS
NAME	FILLINGANE, H. PERRY JR.	1.2 NAME	FILLINGANE, H. PERRY JR.
STREET ADDRESS	11487 MALIBU WAY S.	1.3 STREET ADDRESS	3200 HARTLEY ROAD APT 103
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE		2.1 TITLE	
NAME	FILLINGANE, HULON P SR	2.2 NAME	
STREET ADDRESS	2508 ROCKY BRANCH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA 22181	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *H. Perry Fillingane Jr.* H. PERRY FILLINGANE JR. 9/12/97

CR2E034 (4/97)