

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # P93000085546 (8)

1. Corporation Name

OMNI ENGINEERING, INC.

Principal Place of Business

2637 ISLAND VIEW DR
PANAMA CITY FL 32405

Mailing Address

2637 ISLAND VIEW DR
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

26
Suite, Apt. #, etc.

27
City & State

28
Zip

Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

Country

4. FEI Number

59-3214665

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

9. Name and Address of Current Registered Agent

HIDDLESTON, WELDON M
2637 ISLAND VIEW DR
PANAMA CITY FL 32405

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 of person or persons authorized to register agent and change of agent)

(Signature of Registered Agent (Signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

101	D
NAME	HIDDLESTON, WELDON M
STREET ADDRESS	2637 ISLAND VIEW DR
CITY, ST, ZIP	PANAMA CITY FL 32405
102	D
NAME	HIDDLESTON, DOROTHY M
STREET ADDRESS	2637 ISLAND VIEW DR
CITY, ST, ZIP	PANAMA CITY FL 32405
103	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
104	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
105	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
106	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101		☐ Change ☐ Addition
102		
103		
104		
105		☐ Change ☐ Addition
106		
107		
108		
109		☐ Change ☐ Addition
110		
111		
112		
113		☐ Change ☐ Addition
114		
115		
116		
117		☐ Change ☐ Addition
118		
119		
120		

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)(b), 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:

Weldon M. Hiddleston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 1995

904-872-0392