

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 21 1996 8:00 am
Secretary of State

DOCUMENT # P94000026297 (9)
1. Corporation Name

OMNI-ZORB ENVIRONMENTAL TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

1666 WILLIAMSBURG SQUARE
LAKELAND FL 33803

1666 WILLIAMSBURG SQUARE
LAKELAND FL 33803

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

08/04/1995

4. FEI Number

59-3250214

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

10. Name and Address of New Registered Agent

NOLAN, JOSEPH J
1666 WILLIAMSBURG SQUARE
LAKELAND FL 33803

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 Special Agent in Charge of Registered Agent and Mail Agent (if applicable)

(If Not Registered Agent signature required, then not applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME READ, WILLIAM W
STREET ADDRESS 2312 BUCKINGHAM AVE
CITY-ST-ZIP LAKELAND FL 33803

11 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME LEE, JEFFREY
STREET ADDRESS 10121 CALUMET LANE
CITY-ST-ZIP LAKE WORTH FL 33467

21 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME LEE, DAVID
STREET ADDRESS 6351 ANGUS
CITY-ST-ZIP LAKE WORTH FL 33467

22 NAME ☐ Change ☐ Addition

TITLE P ☐ DELETE
NAME NOLAN, JOSEPH J
STREET ADDRESS 1666 WILLIAMSBURG SQ
CITY-ST-ZIP LAKELAND FL

23 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME CHAPMAN, ADRIAN
STREET ADDRESS 1075 HIGHWAY 17 SOUTH
CITY-ST-ZIP WAUCHULA FL 33873

24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME BOSS, CHARLES F
STREET ADDRESS 1075 HIGHWAY 17 SOUTH
CITY-ST-ZIP WAUCHULA FL 33873

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH J. NOLAN, PRES.

6/18/96

941-648-2770

Date

Daytime Phone #

CR2E034 (3/96)