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FILED
Apr 14 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 # P95000005383 (1)

1. Corporation Name
OMD PENSACOLA, INC.



Principal Place of Business

100 S. BAYLEN ST.
SUITE A
PENSACOLA FL 32501

Mailing Address

100 S. BAYLEN ST.
SUITE A
PENSACOLA FL 32501-5810

3. Date Incorporated or Qualified 01/19/1995
3a. Date of Last Report 04/25/1996

2. Principal Place of Business

21 236 W. GARDEN ST

Suite, Apt. #, etc.
22 SUITE 4

City & State
23 PENSACOLA, FL.

Zip Country
24 32501 25 USA

2a. Mailing Address

26 236 W. GARDEN ST

Suite, Apt. #, etc.
27 SUITE 4

City & State
28 PENSACOLA, FL.

Zip Country
29 32501 30 USA

4. FEI Number 59-3146074
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

DARDEN, OLIVER M
100 S. BAYLEN ST.
SUITE A
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name DARDEN, OLIVER M
82 Street Address (P.O. Box Number is Not Acceptable) 236 W. GARDEN ST. SUITE 4
83
84 City PENSACOLA FL 85 Zip Code 32501

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

Oliver M. Darden

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME DARDEN, OLIVER
STREET ADDRESS 41884 MADURA RD
CITY, ST, ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

Oliver M. Darden OLIVER M. DARDEN

DATE

3/31/97 904-432-1710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0484320

CR2034 (9/96)