

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000061619 (7)

1. Corporation Name  
OMSYS SERVICES, INC.



Principal Place of Business Mailing Address  
1309 ST. JOHN'S BLUFF ROAD NORTH 1309 ST. JOHN'S BLUFF ROAD NORTH  
SUITE 8 SUITE 8  
JACKSONVILLE FL 32225 JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1997

4. FEI Number

59-3516720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MICKEL, ODAY  
1309 ST. JOHN'S BLUFF ROAD NORTH  
SUITE 8  
JACKSONVILLE FL 32225

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

*Odys Mickel* (Odys Mickel)

4/28/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE                     | NAME               | STREET ADDRESS                        | CITY-ST-ZIP            | <input type="checkbox"/> DELETE |
|---------------------------|--------------------|---------------------------------------|------------------------|---------------------------------|
| President                 | Odys Mickel        | 1309 St. John's Bluff Rd. N. Suite #8 | Jacksonville, FL 32225 | <input type="checkbox"/>        |
| Vice President, Secretary | MARY T. Mickel     | 1309 St. John's Bluff Rd. N. Suite #8 | Jacksonville, FL 32225 | <input type="checkbox"/>        |
| Assistance Secretary      | Odys Danion Mickel | 1309 St. John's Bluff Rd. N. Suite #8 | Jacksonville, FL 32225 | <input type="checkbox"/>        |
|                           |                    |                                       |                        | <input type="checkbox"/>        |
|                           |                    |                                       |                        | <input type="checkbox"/>        |
|                           |                    |                                       |                        | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--------------------|---|
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I 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

*Odys Mickel*

4/28/98

CR2E034 (10/97)

Form **SS-4**(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

59-3516720

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

OMSYS Services, Inc.

2 Trade name of business (if different from name on line 1)

Management and Technology Consulting

3 Executor, trustee, "care of" name

Oday Mickel

4a Mailing address (street address) (room, apt., or suite no.)

1309 St. John's Bluff Road North, Suite #8

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Jacksonville, Florida 32225

5b City, state, and ZIP code

6 County and state where principal business is located

Duval County, Florida7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ 249-98-5887Oday Mickel

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☒ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ▶☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country  
(if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☐ Started new business (specify type) ▶☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ▶☐ Banking purpose (specify purpose) ▶☒ Changed type of organization (specify new type) ▶ Corporation Type S☐ Purchased going business☐ Created a trust (specify type) ▶☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)

1/1/95

11 Closing month of accounting year (see instructions)

December12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ 6/1/98

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ▶

Nonagricultural

5

Agricultural

Household

14 Principal activity (see instructions) ▶ Management and Technology Consulting

15 Is the principal business activity manufacturing? . . . . .

☐ Yes☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ▶☒ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(904) 646-0411

Fax telephone number (include area code)

(904) 642-1051Name and title (Please type or print clearly) ▶ Oday Mickel, President

Signature ▶

Oday Mickel

Date ▶

5/31/98

Note: Do not write below this line. For official use only.

Please leave  
blank ▶

Geo.

Ind.

Class

Size

Reason for applying



793



Management and Technology Consulting

**Oday Mickel**  
Business Consultant

June 17, 1998

Division of Corporations  
P.O. Box 1500  
Tallahassee Florida, 32302-1500

To Whom It May Concern:

Enclosed you will find OMSYS Services response to your letter number: 198A00026991. Your letter requested a FEI number for the firm. After obtaining a SS-4 form, Application for Employer Identification Number, from the IRS; OMSYS Services used the IRS fax service to obtain a FEI number. The fax was lost by the IRS. After waiting the requested time before investigating, a new application was made and the FEI number issued by the IRS. That number was issued on 6/17/98. Therefore the return date of your request fell outside of the 30 day deadline by 3 days.

I request base on the events that happened beyond our control, that you except this reply as being inside of your deadline.

Sincerely,

A handwritten signature in dark ink, appearing to read "Oday Mickel", written in a cursive style.

Oday Mickel  
President