

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90010 042 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000063394**

1. Corporation Name

**OHM REALTY, INC.**



Principal Place of Business

Mailing Address

515 GUS HIPP BOULEVARD  
ROCKLEDGE FL 32955

515 GUS HIPP BOULEVARD  
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

59-3472812

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 owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 435 Gus Hipp Blvd

26 300 Artemis Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Rockledge, FL

28 Merritt Island, FL

Zip

Country

Zip

Country

24 32955

25 USA

29 32953

30 USA

9. Name and Address of Current Registered Agent

HUBER, ROBERT A  
515 GUS HIPP BOULEVARD  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

Robert A. Huber

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

300 Artemis Blvd.

83

84 City

Merritt Island

FL

85 Zip Code

32953

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, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, ROBERT A	1.2 NAME	
STREET ADDRESS	515 GUS HIPP BOULEVARD	1.3 STREET ADDRESS	300 Artemis Blvd.
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELLUTO, JANE E	2.2 NAME	
STREET ADDRESS	515 GUS HIPP BOULEVARD	2.3 STREET ADDRESS	300 Artemis Blvd.
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, KARL M	3.2 NAME	
STREET ADDRESS	515 GUS HIPP BOULEVARD	3.3 STREET ADDRESS	300 Artemis Blvd
CITY-ST-ZIP	ROCKLEDGE FL 32955	3.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, GEORGE	4.2 NAME	
STREET ADDRESS	515 GUS HIPP BOULEVARD	4.3 STREET ADDRESS	300 Artemis Blvd
CITY-ST-ZIP	ROCKLEDGE FL 32955	4.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HALLORAN, JAMES P	5.2 NAME	
STREET ADDRESS	515 GUS HIPP BOULEVARD	5.3 STREET ADDRESS	300 Artemis Blvd
CITY-ST-ZIP	ROCKLEDGE FL 32955	5.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Jane E. Velluto President

Date

Daytime Phone #

7-12-99 (407) 452-6357

CR2E034 (5/99)

590536-90010-42

**OHM REALTY, INC.  
300 Artemis Blvd.  
Merritt Island, FL 32953**

July 12, 1999

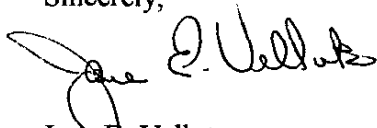
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I just received a "2<sup>nd</sup> Notice" for the 1999 Corporate Annual Report. Unfortunately, I never received the first packet. The company that was located at the address currently on record, of which I worked for at the time, relocated in November of 1998 and I retired from that company. Though I still am president and a director of OHM Realty, Inc.; the mailing address has changed to 300 Artemis Blvd., Merritt Island, FL 32953. Either the post office did not forward the packet or the business that took over at the listed address did not forward it.

I apologize for this mixup but please be assured that I have filed all the appropriate taxes required in a timely manner and hope this letter and explanation will pardon the late filing. I did call the phone number noted in the packet and the woman that I spoke to suggested that I write this letter of explanation and enclose my check in the amount of \$150.00. If you have any questions please give me a call at (407)452-6357. Thank you in advance for your understanding.

Sincerely,



Jane E. Velluto

enclosure