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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **V06008** **(9)**

1. Corporation Name
OMEGA RESOURCES, INC.

Principal Place of Business	Mailing Address
1530 D1-Z MCMULLEN BOOTH ROAD CLEARWATER FL 34619 US	PO BOX 35 SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/13/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

4. FEI Number **59-3103319** ☐ 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
FINCH, JOHN K. **323 MAIN ST.** **SAFETY HARBOR FL 34695**	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	LUCKIE, THORNTON C	12 NAME	
STREET ADDRESS	2204 RAMSGATE COURT	13 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LUCKIE, D D	22 NAME	
STREET ADDRESS	P O BOX 671205 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LUCKIE, B S	32 NAME	
STREET ADDRESS	P O BOX 671205 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	LUCKIE, J S	42 NAME	
STREET ADDRESS	7508 CRESTED BUTTE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75025	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	LUCKIE, ROBERTA L	52 NAME	
STREET ADDRESS	2204 RAMSGATE CT	53 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34698	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: J.C. [illegible] THORNTON C. LUCKIE – PRESIDENT 5-10-95 (813) 726-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/1993 FP