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Jan 31 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 # V06008

(9)

1. Corporation Name
OMEGA RESOURCES, INC.

Principal Place of Business
1530 D-1 Z MCMULLEN BOOTH ROAD
CLEARWATER FL 34619
US

Mailing Address
PO BOX 35
SAFETY HARBOR FL 34695-0035



2. Principal Place of Business

21 1530 D-1 McMulLEN Booth Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
01/13/1992

3a. Date of Last Report
05/01/1996

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

FINCH, JOHN K.
323 MAIN ST.
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME LUCKIE, THORNTON C
STREET ADDRESS 2204 RAMSGATE COURT
CITY-ST-ZIP SAFETY HARBOR FL

☐ DELETE

TITLE D
NAME LUCKIE, D D
STREET ADDRESS P O BOX 871205 N/A
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE D
NAME LUCKIE, B S
STREET ADDRESS P O BOX 871205 N/A
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE V
NAME LUCKIE, J S
STREET ADDRESS 7508 CRESTED BUTTE DR.
CITY-ST-ZIP PLANO TX 75025

☐ DELETE

TITLE S
NAME LUCKIE, ROBERTA L
STREET ADDRESS 2204 RAMSGATE CT
CITY-ST-ZIP SAFETY HARBOR FL 34698

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

J. C. Luckie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-97

813 726 4400

Date

Daytime Phone #

CR2E034 (9/96)