**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -6 PM 2:35

DOCUMENT # **V54151** **(8)**

1. Corporation Name
**OMNI COMPUTER CONSULTING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2000 ART MUSEUM DR<br>STE 3<br>JACKSONVILLE FL 32207<br>US | 2000 ART MUSEUM DR<br>STE 3<br>JACKSONVILLE FL 32207<br>US |

3. Date Incorporated or Qualified: **07/27/1992**
3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business
21: 7839 Rocky Foot Trl
22: Suite, Apt. #, etc.
23: City & State: Jacksonville FL
24: Zip: 32211
25: Country: DUVAL

2a. Mailing Address
26: P.O. Box 15063
27: Suite, Apt. #, etc.
28: City & State: JACKSONVILLE FL
29: Zip: 32239
30: Country: DUVAL

4. FEI Number: **59-3136051** ☐ 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
**MILLAR, ALBERT S. C.**
**4206 HERSCHEL ST.**
**JACKSONVILLE FL 32210**

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's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GOULD, MICHAEL<br>2919 TRENTON CT<br>ORANGE PARK FL 32065 ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MOORE, BILL<br>7839 ROCKY FOOT TRAIL<br>JACKSONVILLE FL 32216 ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☒ Change ☐ Addition<br>32211 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GOULD, ANDLEA<br>2919 TRENTON CT<br>ORANGE PARK FL 32065 ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition<br>000001546100<br>-09/12/96 --01033--013<br>****375.00 ****375.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MOORE, GINA<br>7839 ROCKY FOOT TRAIL<br>JACKSONVILLE FL 32216 ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition<br>dcs |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Bill D. Moore Bill D. Moore 8-30-96 904-272-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000278I CR