

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 APR 27 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 208839 (1)  
1. Corporation Name  
NORMANDY VILLAGE UTILITY CO.

Principal Place of Business Mailing Address  
7800 DELAROCHE DR PO BOX 37470 JACKSONVILLE FL 32236 US  
~~7800 DELAROCHE DR~~ PO BOX 37470 JACKSONVILLE FL 32236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1958 3a. Date of Last Report 04/28/1994

4. FEI Number 59-6086966 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 P.O. Box 37470  
22 City & State 27 Jacksonville, Florida  
23 Zip 32236 Country 28 32236 Country 29 Duval

9. Name and Address of Current Registered Agent  
SHAABER, A.R.  
112 WEST ADAMS ST, STE 1603  
JACKSONVILLE FL 32202

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	MSD
NAME	LETIEN, DOROTHY E
STREET ADDRESS	8091 LOURDES DR S
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	D
NAME	CRENSHAW, B J
STREET ADDRESS	7811 LEMANS DR
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	D
NAME	<del>BAKLEY, B. L.</del>
STREET ADDRESS	<del>1447 ROSE HILL DR., E.</del>
CITY - ST - ZIP	<del>JACKSONVILLE, FL 00000</del>
TITLE	PD
NAME	GMUCA, R F
STREET ADDRESS	8209 BAZARNE DR
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	DT
NAME	DURBIN, RALPH L
STREET ADDRESS	2143 LAVALLE DR
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	DVT
NAME	STUDY, NORMAN D
STREET ADDRESS	4831 MAGILL RD
CITY - ST - ZIP	JACKSONVILLE, FL 00000

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/V
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D MARTIN, L. C.
3.3 STREET ADDRESS	7967 Limoges Drive South
3.4 CITY - ST - ZIP	Jacksonville, Florida 32210
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Dorothy E. Letien 4/10/95 1904-781-1194  
Dorothy E. Letien