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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 07470~~ JACKSONVILLE FL ~~32236~~ US	~~PO BOX 07470~~ ~~PO BOX 07470~~ JACKSONVILLE FL ~~32236-7470~~ US

3. Date Incorporated or Qualified: 01/07/1958
3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-6066966 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 1828 Fourraker Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jacksonville, Florida
Zip 24 32210	Zip 29 32221
Country 25	Country 30

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 _____ DATE
Signature, typed 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	MSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LETIEN, DOROTHY E		1.2 NAME	
STREET ADDRESS	8091 LOURDES DR S		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRENSHAW, B J		2.2 NAME	
STREET ADDRESS	7811 LEMANS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, L. C		3.2 NAME	
STREET ADDRESS	7967 LIMPGES DRIVE SOUTH		3.3 STREET ADDRESS	7967 Limoges Drive South
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GMUCA, R F		4.2 NAME	
STREET ADDRESS	8209 BAZAINE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DURBIN, RALPH L		5.2 NAME	
STREET ADDRESS	2143 LAVALLE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		5.4 CITY-ST-ZIP	
TITLE	DVT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STUDY, NORMAN D		6.2 NAME	
STREET ADDRESS	4631 MAGILL RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Dorothy E. Letien (Dorothy E. Letien) 4/25/97 (904) 781-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Secretary) Date Daytime Phone #