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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 208839 (1)

1. Corporation Name
NORMANDY VILLAGE UTILITY CO.

Principal Place of Business

Mailing Address

7800 DELAROCHE DR
PO BOX 9770
JACKSONVILLE FL 32210
US

1828 FOURAKER RD.
JACKSONVILLE FL 32221
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1958

4. FEI Number

59-6066966

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current-year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SHAABER, A.R.
112 WEST ADAMS ST, STE 1803
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MSD
NAME LETIEN, DOROTHY E
STREET ADDRESS 8001 LOURDES DR S
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE DV
NAME CRENSHAW, B J
STREET ADDRESS 7811 LEMANS DR
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE D
NAME MARTIN, L C
STREET ADDRESS 7967 LIMOGES DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE PD
NAME GIMUCA, R F
STREET ADDRESS 8209 BAZANE DR
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE DT
NAME DURBIN, RALPH L
STREET ADDRESS 2143 LAVALLE DR
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE DVT
NAME STUDY, NORMAN D
STREET ADDRESS 4631 MAGILL RD
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ 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 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 - Director/Corp. Sec

4/24/98 (904) 781-1194

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