

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **297441** (8)

1. Corporation Name  
**NORMAN INDUSTRIES, INC.**



Principal Place of Business: **1318 10TH ST. SARASOTA FL 34236**  
Mailing Address: **1318 10TH ST. SARASOTA FL 34236**

3. Date Incorporated or Qualified: **10/06/1965**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 P.O. Box 669**  
22. City & State: **27 Sarasota, FL**  
23. Zip: **28 34230**  
24. Country: **29 SARASOTA**

4. FEI Number: **59-1117253**  
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  
**NORMAN, FRANK G  
1318 TENTH ST  
SARASOTA FL 33577-3399**

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	VD	<input type="checkbox"/> DELETE
NAME	ROGERS, WILLIAM ELBERT	
STREET ADDRESS	2424 CLEVELAND HTS BLVD	
CITY-ST-ZIP	LAKELAND, FLORIDA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORMAN, FRANK G	
STREET ADDRESS	1318 10TH STREET	
CITY-ST-ZIP	SARASOTA, FLORIDA 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NORMAN, SARAH M	
STREET ADDRESS	1318 10TH STREET	
CITY-ST-ZIP	SARASOTA, FLORIDA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORMAN, CARISSA M.	
STREET ADDRESS	1318 10TH ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 119.07(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: **FRANK G. NORMAN** *Frank G. Norman* **1-30-96** **941/755-5861**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)