

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida
Department of State Building

APPROVED
AND
FILED

09/26/1995 10:14

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L18473** (3)

1. Corporation Name
NORMANDY PAWN, INC.

2. Principal Office Location
**5142 NORMANDY BOULEVARD
JACKSONVILLE FL 32205**

3. Mailed Address
**5142 NORMANDY BOULEVARD
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Dated)
09/26/1989

3a. Date of Last Report
04/20/1994

4. Filing Number
59-2970604

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Finance and Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. Do you intend to file a report of campaign contributions for the year ending 12/31/95?
Federal Statute: Yes No

2. Director of the Corporation
21

2a. Mailed Address
26

3. State Agent
22

3a. Mailed Address
27

4. City & State
23

4a. City & State
28

5. City & State
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**FOREHAND, WILLIAM R.
5142 NORMANDY BLVD.
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (Do Not Indicate Not Applicable)
83.
84. City, State, & Zip Code
FL 85. Zip Code

11. If you are the successor to the previous year's report, you must indicate the name and address of the person or persons who were the registered agent for the corporation for the previous year. If the person or persons are the same as the current registered agent, you may check the appropriate box in the space provided. If the person or persons are different, you must indicate the name and address of the person or persons who were the registered agent for the previous year. If the person or persons are the same as the current registered agent, you may check the appropriate box in the space provided.

12. SIGNATURE

12. SIGNATURE	13. ADDRESS
NAM	FOREHAND, WILLIAM R.
ST	5142 NORMANDY BLVD.
CI	JACKSONVILLE FL
ST	V
NAM	FOREHAND, HERBERT M.
ST	5142 NORMANDY BLVD
CI	JACKSONVILLE FL
ST	STD
NAM	FOREHAND, HERBERT M.
ST	5142 NORMANDY BLVD.
CI	JACKSONVILLE FL
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13. ADDRESS

81	NAME
82	STREET ADDRESS (Do Not Indicate Not Applicable)
83	
84	CITY, STATE, & ZIP CODE
85	ZIP CODE

14. I hereby certify that the information furnished with this report is true and correct to the best of my knowledge and belief, and that the officers and directors named herein are qualified to serve as such. If the corporation is a foreign corporation, I hereby certify that the information furnished with this report is true and correct to the best of my knowledge and belief, and that the officers and directors named herein are qualified to serve as such. If the corporation is a foreign corporation, I hereby certify that the information furnished with this report is true and correct to the best of my knowledge and belief, and that the officers and directors named herein are qualified to serve as such.

SIGNATURE: *Herbert M. Forehand, Jr.* - **HERBERT M. FOREHAND, JR. 04-2895 904693042**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON THIS FORM