

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 10 1996 8:00 am
Secretary of State

DOCUMENT # J49996 (8)

1. Corporation Name

NORMANDEALE FINANCIAL CORPORATION

Principal Place of Business

% C T CORPORATION SYSTEM
5401 CORPORATE WOODS DR. #100
PENSACOLA FL 32504

Mailing Address

% C T CORPORATION SYSTEM
5401 CORPORATE WOODS DR. #100
PENSACOLA FL 32504



3. Date Incorporated or Qualified
12/22/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2803753

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 below of registered agent, if not applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE
NAME GREENFIELD, BARRY W
STREET ADDRESS 4200 W. CYPRESS, #444
CITY-ST-ZIP TAMPA FL

D ☐ DELETE
NAME CONNOR, GEORGE X
STREET ADDRESS 9900 BREN RD.EAST
CITY-ST-ZIP MINNETONKA MN

AS ☐ DELETE
NAME KASER, MARY
STREET ADDRESS 5401 CORP WOODS DR 100
CITY-ST-ZIP PENSACOLA FL

PSD ☐ DELETE
NAME RAUENHORST, NEIL J.
STREET ADDRESS 4200 W. CYPRESS
CITY-ST-ZIP TAMPA FL

D ☐ DELETE
NAME PERKINS, ROBERT
STREET ADDRESS 9900 BREN ROAD EAST
CITY-ST-ZIP MINNETONKA MN

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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. I am an attach with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL RAUENHORST

5-8-96

904-478-8453

CR2E034 (12/95)