

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90061 047 ***150.00

DOCUMENT # J49996

1. Corporation Name

NORMANDEALE FINANCIAL CORPORATION

Principal Place of Business
5401 CORPORATE WOODS DR.
SUITE 100
PENSACOLA FL 32504

Mailing Address
5401 CORPORATE WOODS DR.
SUITE 100
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1986

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 4200 W. CYPRESS ST.

Suite, Apt. #, etc.

22 SUITE 444

City & State

23 TAMPA, FL

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 4200 W. CYPRESS ST.

Suite, Apt. #, etc.

27 SUITE 444

City & State

28 TAMPA, FL

Zip

29 33607

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 T ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE AS ☐ DELETE

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

TITLE PSD ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/T/S/D ☒ Change ☐ Addition

1.2 NAME GREENFIELD, BARRY W.
1.3 STREET ADDRESS 4200 W. CYPRESS ST., #444
1.4 CITY-ST-ZIP TAMPA, FL 33607

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME RAUENHORST, NEIL J.
2.3 STREET ADDRESS 4200 W. CYPRESS ST., #444
2.4 CITY-ST-ZIP TAMPA, FL 33607

3.1 TITLE AS ☐ Change ☒ Addition

3.2 NAME BOZESKY, MARGARET A.
3.3 STREET ADDRESS 10350 BREN ROAD WEST
3.4 CITY-ST-ZIP MINNETONKA, MN 55343

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

(813) 877-4444

Daytime Phone #

CR2E034 (11/98)