

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K98068

1. Corporation Name

Norman & Associates, Inc.

Principal Place of Business

*1318 Dunmire Street
Unit # 3*

Pensacola, FL 32504-6625

Mailing Address

*1318 Dunmire St.
Unit # 3*

Pensacola, FL

32504-6625

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

*William H. Norman
1318 Dunmire St., Unit # 3
Pensacola, FL 32504-6625*

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 607.0503, 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

W. Norman

12. OFFICERS AND DIRECTORS

TITLE

President / Treasurer

☐ DELETE

NAME

William H. Norman

STREET ADDRESS

1269 Tamara Dr.

CITY-STATE-ZIP

Pensacola, FL 32504

TITLE

VP / Secretary

☐ DELETE

NAME

Evelyn O. Norman

STREET ADDRESS

1269 Tamara Dr.

CITY-STATE-ZIP

Pensacola, FL 32504

TITLE

☐ DELETE

NAME

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SIGNATURE: *X Evelyn O. Norman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn O. Norman

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

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*****200.00**

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 19.07(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.

6/24/96 (404) 478-3025

CR2E034 (12/95)