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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

"Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K98068

(5)

NORMAN & ASSOCIATES, INC.

ncipal Place of Business	Mailing Address	1 19 119
18 DUNMIRE ST.	1318 DUNMIRE ST.	

## **FILED** May 21 1997 8:00am Secretary of State



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1318 DUNMIRE ST. UNIT #3 PENSACOLA FL 32504		1318 DUNMIRE	ST.							
		UNIT #3 Pensacola fl 32604-8625								
			renanden re agovrous			3. Date Incorporated or Qualified 3a. Date of Last Report				port
					*****	06/26/1989	0.5	/01/19		
	sace of Business	2a. Mailing Add	aress			4. FEI Number		-		olied For
∐ Suite, Apt⊣	# 54	Suite, Apt.	# atc			59-2958914		φp,		Applicable
	n. (::(	27	n, ou			5. Certificate of Status Desire	ed 🔲		ee Rec	dditional outred
City & State	P	City & State	)			6. Election Campaign Finance	ina			May Be
1		28				Trust Fund Contribution			ided to	
Zφ	Country	Zip		Country	/	8. This corporation has liability	ty for intangib	e tax und	der s.	199.032,
] •	25	29		30		Florida Statutes	Yes Yes	☐ No		
	9. Name and Address of Cur	rent Registered Agent			<b>4</b>	10. Name and Address of Ne	w Registered	Agent		***************************************
NO	rman, William H.			81	Name					
131/	8 DUNMIRE ST.			82	Street Add	Iress (P.O. Box Number is Not Acc	eptable)			
UNI	T #3			L_			·····			
PEN	NSACOLA FL 32504			83						
				84	City			85	Zip C	ode
					1 '	poration submits this statement for ation's board of directors. I hereby	F	" -	•	
									************	
	Signature (green or pointed name of registerico		(NOTE		ent signature requ	a DDITIONS/CHANGES TO	DATE	ID DIREC	TORS	IN 12
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racing carety partitie information supplied with this ining does not qualify for the exemption stated in Section 119 07(3)(f). Florida Statutes. Turner certify that the information indicated on this innual 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 Tarn an officer or director of preconstrain or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 11 or Block 11 or getting of the property of th

SIGNATURE: