

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

04012

Uniform
Business
Report
2000



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

FILED

00 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **L85474**

1. Corporation Name
NORMAND CONSTRUCTION, INC.

Principal Place of Business
**3036 S SEMORAN BLVD #301
ORLANDO FL 32822**

Mailing Address
**3036 S SEMORAN BLVD #301
ORLANDO FL 32822**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1990

4. FEI Number

50-8023938

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**

7. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **7226 W. Colonial Dr**

Suite, Apt. #, etc.

22 **#201**

City & State

23 **Orlando FL**

Zip

24 **32818**

Country

25. Mailing Address

26 **7226 W. Colonial Dr.**

Suite, Apt. #, etc.

27 **#201**

City & State

28 **Orlando FL**

Zip

29 **32818**

Country

8. Name and Address of Current Registered Agent

**NORMAND, DENISE R.
7760 COUNTRY PLACE
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7226 W. Colonial Dr #201

83

84 City **Orlando**

FL

85 Zip Code

32818

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 retaking)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
NORMAND, THOMAS G.
STREET ADDRESS **3036 S SEMORAN BLVD, #301**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **ST**
NORMAND, DENISE
STREET ADDRESS **3036 S SEMORAN BLVD, #301**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **V**
NORMAND, THOMAS P.
STREET ADDRESS **3036 S SEMORAN BLVD, #301**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **7226 W. Colonial Dr. #201**
1.4 CITY-ST-ZIP **Orlando FL 32818**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **7226 W. Colonial Dr #201**
2.4 CITY-ST-ZIP **Orlando, FL 32818**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **7226 W. Colonial Dr #201**
3.4 CITY-ST-ZIP **Orlando, FL 32818**

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

600003245050

-05/03/00--01105--003

****150.00 ****150.00

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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: **Denise Normand**

4/17/00

407-290-1112

100117 PWS/CDC