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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **993000041555 (2)**
1. Corporation Name
NORMANDY AUTOMOTIVE, INC.



Principal Place of Business: **8290 NORMANDY BLVD. JACKSONVILLE FL 32221**
Mailing Address: **8290 NORMANDY BLVD. JACKSONVILLE FL 32221-6651**

3. Date Incorporated or Qualified: **06/07/1993**
3a. Date of Last Report: **04/25/1996**
4. FEI Number: **59-3166579**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for State, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**BARNES, CLYDE JR.
8290 NORMANDY BLVD.
JACKSONVILLE FL 32221**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **PD** DELETE
2. NAME: **BARNES, CLYDE JR.**
3. STREET ADDRESS: **12213 WINSTEAD ROAD**
4. CITY-ST-ZIP: **JACKSONVILLE FL 32220**
5. TITLE: **STD** DELETE
6. NAME: **BARNES, KATHRYN JR.**
7. STREET ADDRESS: **12213 WINSTEAD ROAD**
8. CITY-ST-ZIP: **JACKSONVILLE FL 32220**
9. TITLE: DELETE
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY-ST-ZIP: _____
13. TITLE: DELETE
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 do 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

SIGNATURE: *Clyde Barnes Jr. Pres.* 4-21-97 904-781-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)