

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**000001527880
-06/30/95--01011--008
****200.00 ****200.00**

DOCUMENT # P94000043087 (3)

1. Corporation Name

NORMANDY INVESTMENT COMPANY

Principal Place of Business

Mailing Address

~~2 NORTH TAMAMI TRAIL~~ 117 W. Alexander ~~2 NORTH TAMAMI TRAIL~~
~~SUITE 500~~ Suite 309 SUITE 500
~~SARASOTA FL 34236~~ Plant City, FL SARASOTA FL 34236
33566

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/09/1994

4. FEI Number

59-3254030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 117 W. Alexander

Suite, Apt. #, etc.

22 Suite 309

City & State

23 Plant City, FL

Zip

24 33566

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBB, RICHARD S IV
2 NORTH TAMAMI TRAIL
SUITE 500
SARASOTA FL 34236**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WEBB, RICHARD S IV**
STREET ADDRESS **2 NORTH TAMAMI TR., STE-500**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President and Director** ☒ Change ☐ Addition

1.2 NAME **Ray J. Martin**
1.3 STREET ADDRESS **117 W. Alexander, Suite 309**
1.4 CITY-ST-ZIP **Plant City, FL 33566**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Gordon Comer**
2.3 STREET ADDRESS **117 W. Alexander, Suite 309**
2.4 CITY-ST-ZIP **Plant City, FL 33566**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 it changes or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray J. Martin

Date

Daytime Phone #

REMITTED BY MAY 1

6-23-1995 813-259-2180-5