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FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 364899 (5)  
1. Corporation Name  
NAVARRE BEACH DEVELOPMENT CORPORATION, INC.



Principal Place of Business Mailing Address  
P O BOX 165 P O BOX 165  
MARY ESTHER FL 32549 MARY ESTHER FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1972

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1399312		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

MCCARTNEY, CLAYTON H  
232 CREWILLA DR  
FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	SCHWERTNER, HAROLD	1.2 NAME	
STREET ADDRESS	RT 2, BOX 378	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALLINGER TX	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	MCCARTNEY, CLAYTON	2.2 NAME	
STREET ADDRESS	232 CREWILLA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LICHT, JOHN	3.2 NAME	
STREET ADDRESS	124 N.W. BENNARR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*[Handwritten Signature]*

CR2E034 (10/97)