

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 10 PM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748738

(2)

1. Corporation Name

NAVARRE REFLECTIONS, INC.

Principal Place of Business

Mailing Address

909 MAR WALT DR. SUITE 1014
FT. WALTON BEACH FL 32547

909 MAR WALT DR. SUITE 1014
FT. WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1979

3a. Date of Last Report

02/10/1994

4. FBI Number

63-0788494

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINNIS, C. JEFFREY
ANCHORS, FOSTER, MCINNIS, & KEEFE, P.A.
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

81 Name

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

83

84 City

FL

85 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DEUMITE, NORMAN
STREET ADDRESS 10849 PERKINS RD.
CITY-ST-ZIP BATON ROUGE LA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME MILLER, SCOTT
STREET ADDRESS 204 ST. ANDREWS
CITY-ST-ZIP JACKSON MS

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME PIERSON, JANET
STREET ADDRESS 6015 HIGHLAND RD.
CITY-ST-ZIP BATON ROUGE LA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BURKWALTER, RENNA
STREET ADDRESS 308 QUAIL LN.
CITY-ST-ZIP RUSTON LA 71270

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME YOCUM, ELIZABETH A
STREET ADDRESS 4317 - 28TH EAST
CITY-ST-ZIP TUSCALOOSA AL 35404

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME YOCUM, JAMES A
STREET ADDRESS 4317 28 STR E
CITY-ST-ZIP TUSCALOOSA AL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an address.

SIGNATURE:

Scott F. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071804