

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/31/1979

4. FEI 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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature type or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEUMITE, NORMAN	
STREET ADDRESS	10849 PERKINS RD.	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLER, SCOTT	
STREET ADDRESS	204 ST. ANDREWS	
CITY-ST-ZIP	JACKSON MS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEARIN, JANET	
STREET ADDRESS	2020 STEEL BLVD.	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURCKHALTER, STEVE	
STREET ADDRESS	10185 WESTWIND DR.	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOCUM, ELIZABETH A	
STREET ADDRESS	4317 - 28TH EAST	
CITY-ST-ZIP	TUSCALOOSA AL 35404	
TITLE	P	<input type="checkbox"/> DELETE
NAME	YOCUM, JAMES A	
STREET ADDRESS	4317 28 STR E	
CITY-ST-ZIP	TUSCALOOSA AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James A Yocum** **JAMES A YOCUM** **1/12/98** **205-553-6099**

CR2E037 (10/97)