

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90095 046 \*\*\*\*61.25

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**DOCUMENT # 748738**

1. Corporation Name

**NAVARRE REFLECTIONS, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/31/1979</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>63-0788494</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country		

**9. Name and Address of Current Registered Agent**

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

**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

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, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUMITE, NORMAN	1.2 NAME	
STREET ADDRESS	10849 PERKINS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SCOTT	2.2 NAME	
STREET ADDRESS	204 ST. ANDREWS	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARIN, JANET	3.2 NAME	
STREET ADDRESS	2020 STEEL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCKHALTER, STEVE	4.2 NAME	
STREET ADDRESS	10185 WESTWIND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHREVEPORT LA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOCUM, ELIZABETH A	5.2 NAME	
STREET ADDRESS	4317 - 28TH EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TUSCALOOSA AL 35404	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOCUM, JAMES A	6.2 NAME	
STREET ADDRESS	4317 - 28TH EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TUSCALOOSA AL 35404	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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-99** **601-922-8331**

Date

Daytime Phone #

CR2E037 (11/98)