

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F07177 (1)

1. Corporation Name

NAVARRE CAMPGROUND, INC.

Principal Place of Business

8652 NAVARRE PKWY  
104  
NAVARRE FL 32566  
US

Mailing Address

8652 NAVARRE PKWY  
104  
NAVARRE FL 32566  
US



3. Date Incorporated or Qualified

11/26/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1168 ELLISON DR

26 1168 ELLISON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PENSACOLA FLORIDA

28 PENSACOLA FLORIDA

24 Zip

Country

24 32503

25 US

29 Zip

Country

29 32503

30 US

4. FEI Number

59-2048135

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

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEIDER, CHARLES A.  
1168 ELLISON DR  
~~HWY 98~~  
PENSACOLA FL 32503

81 Name

SCHEIDER, CHARLES A

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

1168 ELLISON DR

83

84 City

PENSACOLA

FL

85 Zip Code

32503

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 CHARLES A. SCHEIDER  
Signature, typed or printed name of registered agent and title if applicable.

Charles A. Scheider

(NOTE: Registered Agent signature required when reinstating)

DATE MARCH 13, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME SCHEIDER, CHARLES A  
STREET ADDRESS 1168 ELLISON DR  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE VSD  
NAME SCHEIDER, PAMELA T  
STREET ADDRESS 1168 ELLISON DR  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

1168 ELLISON DRIVE

☒ Change ☐ Addition

1168 ELLISON DRIVE

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 119.07(3)(k), 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: Charles A. Scheider CHARLES A SCHEIDER 3-13-96 (904) 438-5824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)