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Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90169 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K05582 1. Corporation Name

NAVARRE BEACH LAND COMPANY

Principal Place	e of Business	Mailing Address			
% BOB MCTYEIRE % BOB MCTYEIRE					
PO BOX 906		PO BOX 906			DO NOT WRITE IN THIS SPACE
MARY ESTHER FL 32569-0906 MARY ESTER FI					Date Incorporated or Qualifed
US		U3			12/07/1987
2 0 : 10	A Dunings	2a. Mailing Address			4. FEI Number Applied For
2. Principal Pl	<u> </u>	ing Address			
21		26	Suite, Apt, #, etc.		\$9.75 Additional
		 	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State		City & State			
	•	├ ─┐	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	Zip	Count		9. This are resting owns the current year Intensible
Zip	— <i>'</i>	<u> </u>		. y	Personal Property Tax.
24	9. Name and Address of Currer		10		10. Name and Address of New Registered Agent
	9. Name and Address of Currer	it Kadistalag Ağalıt		31 Name	
FOS.	TER, WILLIAM SCOTT				
909 MAR-WALT DR. #1014 FT. WALTON BEACH FL 32548			8	32 Stree	et Address (P.O. Box Number is Not Acceptable)
				33	, , , , , , , , , , , , , , , , , , , ,
				,3	_
			ε	34 City	85 Zip Code
					FL C C C C C C C C C
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations are sections.	of Florida. Such change was aut	horized t	ov the cor	ed corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE. F	Registered A	gent signatur	re required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DV	☐ DELETE	1.1 TITU	E	☐ Change ☐ Addition
NAME	BROOKS, JOHN W. III		12 NAME		
STREET ADDRESS			1.3 STR	EET ADDRES	SS
CITY-ST-ZIP	MARY ESTHER FL		1.4 CITY	-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 T/TL	E	☐ Change ☐ Addition
NAME	MCTYEIRE, KATHERINE M.		2.2 NAME		
STREET ADDRESS	**** *****		2.3 STR	EET ADDRES	ss
CITY-ST-ZIP	MOUNTAIN BROOK AL		2 4 CIT	Y-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MC TYEIRE, WILLIAM W.,JR		3,2 NAM	E	
				EET ADDRES	· ·
STREET ADDRESS					~
CITY-ST-ZIP	MOUNTAIN BROOK AL	□ DELETE	3.4. CITY-ST-ZiP 4,1 TITLE		☐ Change ☐ Addition
TITLE	· .		4, 2 NA		
NAME	MC TYEIRE, ROBERT A.				
STREET ADDRESS	RKY W MIRALLE STRIP PKWY		■ 435TR	EET ADDRES	331

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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6,3 STREET ADDRESS

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MARY ESTHER FL

OFFICER OR DIRECTOR

OELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition