

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 4:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000067851 (3)

1. Corporation Name

NAVARRE DEVELOPMENT CORPORATION

Principal Place of Business

**7552 NAVARRE PKWY. 3
NAVARRE FL 32566**

Mailing Address

**7552 NAVARRE PKWY. 3
NAVARRE FL 32566**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 5244

27

Suite, Apt. #, etc.

28

Navarre FL

29

32566

Country

30

US

4. FBI Number

59-3277840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**BROWN, PAUL P
7552 NAVARRE PKWY, 3
NAVARRE FL 32566**

10. Name and Address of New Registered Agent

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 of the current registered agent and the new registered agent)

(NOTE: Registered agent signature required when changing registered office)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, PAUL P
STREET ADDRESS	7552 NAVARRE PKWY, 3
CITY, ST, ZIP	NAVARRE FL 32566
TITLE	D
NAME	AGUAYO, JOSEPH R
STREET ADDRESS	7552 NAVARRE PKWY, 3
CITY, ST, ZIP	NAVARRE FL 32566
TITLE	D
NAME	FLOYD, BUNNEY L JR
STREET ADDRESS	7552 NAVARRE PKWY, 3
CITY, ST, ZIP	NAVARRE FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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)(b), 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:

Paul P. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL P. BROWN

4.12.95

904.939.5777

Date

Telephone Area #