

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000097366 (3)

1. Corporation Name
NAVARRE REALTY, INC.

Principal Place of Business
8251 NAVARRE PARKWAY, SUITE A
NAVARRE FL 32566

Mailing Address
8251 NAVARRE PARKWAY, SUITE A
NAVARRE FL 32566



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1997

2. Principal Place of Business		2a. Mailing Address	
21 8287 Navarre Parkway	26 8287 Navarre Parkway		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 Navarre, FL	28 Navarre, FL		
Zip	Country	Zip	Country
24 32566	25 Santa Rosa	29 32566	30 Santa Rosa

4. FEI Number 59-3478328	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JBB, INC.
8251 NAVARRE PARKWAY, SUITE A
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name **Bill L. Murphy**
 82 Street Address (P.O. Box Number is Not Acceptable)
8287 Navarre Parkway
 83
 84 City **Navarre** **FL** 85 Zip Code **32566**

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 **Bill L. Murphy, V.P., Treasurer**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/98
DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	MURPHY, BROCK G	
STREET ADDRESS	8251 NAVARRE PARKWAY, SUITE A	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MURPHY, JANET L	
STREET ADDRESS	8251 NAVARRE PARKWAY, SUITE A	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MURPHY, BIL L	
STREET ADDRESS	8251 NAVARRE PARKWAY, SUITE A	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	8287 Navarre Parkway	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	8287 Navarre Parkway	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bill L. Murphy	
3.3 STREET ADDRESS	8287 Navarre Parkway	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Bill L. Murphy** **4/20/98** **850 936-0001**

CR2E034 (10/97)