

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000925

**Entity Name:** NAVAR INC.**Current Principal Place of Business:**7050 INFANTRY RIDGE ROAD  
MANASSAS, VA 20109**Current Mailing Address:**PO BOX 8558  
KETCHIKAN, AK 99901 US**FEI Number:** 20-1966925**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NICOLE CHOUINARD

02/08/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name SHIELDS, RICHARD SR.  
Address PO BOX 8558  
City-State-Zip: KETCHIKAN AK 99901

Title VC, DIRECTOR  
Name SHIELDS, HARVEY  
Address PO BOX 8558  
City-State-Zip: KETCHIKAN AK 99901

Title PRESIDENT, DIRECTOR  
Name BLAIR, CLIFFORD  
Address PO BOX 8558  
City-State-Zip: KETCHIKAN AK 99901

Title VP, DIRECTOR  
Name HARRIS, TOM  
Address PO BOX 8558  
City-State-Zip: KETCHIKAN AK 99901

Title SECRETARY, TREASURER,  
DIRECTOR  
Name WILLIAMS, CANDACE  
Address PO BOX 8558  
City-State-Zip: KETCHIKAN AK 99901

Title ASST. SECRETARY, ASST.  
TREASURER, DIRECTOR  
Name HEERSEMA, CAROLYN  
Address PO BOX 8558  
City-State-Zip: KETCHIKAN AK 99901

Title DIRECTOR  
Name WHITE, ALBERT  
Address PO BOX 8558  
City-State-Zip: KETCHIKAN AK 99901

Title DIRECTOR  
Name DENNY, CHARLES  
Address PO BOX 8558  
City-State-Zip: KETCHIKAN AK 99901

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLIFFORD BLAIR

PRESIDENT

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SELUDO, CLARITA
Address	PO BOX 8558
City-State-Zip:	KETCHIKAN AK 99901