


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H13603** (6)  
1. Corporation Name  
**BARRIER DUNES DEVELOPMENT CORPORATION**



Principal Place of Business <b>% M. JULIAN PROCTOR 227 SOUTH CALHOUN ST. TALLAHASSEE FL 32301</b>	Mailing Address <b>% M. JULIAN PROCTOR 227 SOUTH CALHOUN ST. TALLAHASSEE FL 32301</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7118 Beech Ridge Trail</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>7118 Beech Ridge Trail</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/24/1984</b>	3a. Date of Last Report <b>02/21/1996</b>
22		27		4. FEI Number <b>58-1581660</b>	Applied for <input type="checkbox"/> Not Applicable
23 <b>Tallahassee, FL</b> City & State		28 <b>Tallahassee, FL</b> City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32312</b> Zip		29 <b>32312</b> Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>America</b> Country		30 <b>America</b> Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PROCTOR, M. JULIAN  
227 SOUTH CALHOUN ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name <b>Mark A. Conner</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7118 Beech Ridge Trail</b>
83
84 City <b>Tallahassee</b>
85 Zip Code <b>FL 32312</b>

11. Pursuant to the provisions of Sections 607.007 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, typed or printed name, registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FLOWERS, LANGDON S., SR.</b>	
STREET ADDRESS <b>819 BLACKSHEAR ST.</b>	
CITY-ST-ZIP <b>THOMASVILLE GA</b>	
TITLE <b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FLOWERS, LANGDON S., JR.</b>	
STREET ADDRESS <b>3 WOODLAKES RD.</b>	
CITY-ST-ZIP <b>THOMASVILLE GA</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>P/T/D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Mark A. Conner</b>	
1.3 STREET ADDRESS <b>7118 Beech Ridge Trail</b>	
1.4 CITY-ST-ZIP <b>Tallahassee, FL 32312</b>	
2.1 TITLE <b>VP/D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Langdon Flowers, Jr.</b>	
2.3 STREET ADDRESS <b>329 North Broad</b>	
2.4 CITY-ST-ZIP <b>Thomasville, GA 31792</b>	
3.1 TITLE <b>S/D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Anne Dechman</b>	
3.3 STREET ADDRESS <b>7118 Beech Ridge Trail</b>	
3.4 CITY-ST-ZIP <b>Tallahassee, FL 32312</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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

9/15/97 668-8500

CR2E034 (4/97)