

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90020 017 \*\*\*158.75

DOCUMENT # L18060

1. Corporation Name

BARRIER ISLAND DEVELOPMENT, CORPORATION

Principal Place of Business

450 CHALLENGER ROAD  
P.O. BOX 1441  
CAPE CANAVERAL FL 32920  
US

Mailing Address

450 CHALLENGER ROAD  
P.O. BOX 1441  
CAPE CANAVERAL FL 32920  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1989

4. FEI Number

59-2974637

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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9. Name and Address of Current Registered Agent

POPP, GREGORY  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

85 State

86 Zip Code

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SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	BOND, MORGAN LEE	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOND, MORGAN LEE	
STREET ADDRESS	450 CHALLENGE ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, MICHAEL F.	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

011118