


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

98 OCT 26 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003906

1. Corporation Name

JUNIPER LAKE CONSERVANCY, INC.

Principal Place of Business

Mailing Address

900 Juniper Lake Dr.
DeFuniak Spgs., FL
32433

PO BOX 1012
DeFuniak Spgs., FL
32433

3. Date Incorporated or Qualified

July 8, 1997

4. FEI Number

59-3528847

Applied For

Not Applicable

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

261 SAME AS ABOVE

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes

X

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes

X

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Linda K. Owens

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

900 Juniper Lake Dr

83

84 City

DeFuniak Springs

FL

85 Zip Code

32433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Linda K. Owens, LINDA K OWENS

9/20/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Director
NAME DeWitt Bryant
STREET ADDRESS 1133 US HWY 90 W
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE Vice Pres/Director
NAME Susan Wood
STREET ADDRESS 72 SERENITY CIRCLE
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE Secretary/Director
NAME Linda Owens
STREET ADDRESS 900 JUNIPER LK DR
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE Director/Gordon Lawyer
NAME Gordon Lawyer
STREET ADDRESS 847 SQUIRREL RD
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE Treasurer/Director
NAME Betty Bush
STREET ADDRESS 78 SERENITY CIRCLE
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE Director
NAME Mary Ann Smith
STREET ADDRESS 363 BLACK BASS BLVD
CITY-ST-ZIP DeFuniak Springs, FL 32433

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

200002680472--2
-11/04/98--01076--002
*****61.25 *****61.25

Change Addition

200002680472--2
-11/04/98--01076--003
*****8.75 *****8.75

Change Addition

Change Addition

Change Addition

Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (5/98)