

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # **F93000003897 (6)**

1. Corporation Name
BARRIER SYSTEMS, INC.

Principal Place of Business
**1100 EAST WILLIAM STREET, #206
CARSON CITY NV 89701**

Mailing Address
**1100 EAST WILLIAM STREET, #206
CARSON CITY NV 89701**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/1993

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

4. FEI Number
68-0023098

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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

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 ☐ DELETE
NAME **PCD**
STREET ADDRESS **DUCKETT, JOHN W**
CITY-ST-ZIP **4901 NUMAGA PASS
CARSON CITY NV 89701**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WOOD, EDWIN M**
CITY-ST-ZIP **570 CHICO COURT
INCLINE VILLAGE NV 89450-4840**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **O'CONNELL, THOMAS C JR.**
CITY-ST-ZIP **17600 HWY. 238
GRANTS PASS OR 97527**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **REED, WILLIAM G**
CITY-ST-ZIP **935 BLEMER ROAD
DANVILLE CA 94526**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SLADEK, RICHARD**
CITY-ST-ZIP **2461 SOUTHVIEW DRIVE
ALAMO CA 94507**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Chief Financial Officer**
1.3 STREET ADDRESS **Chris Sanders**
1.4 CITY-ST-ZIP **180 River Road
Rio Vista, CA 94571**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE **Vice President** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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: **SIGNATURE REQUIRED**

702-885-2500

CR2E034 (10/97)