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Barrier Bre		.	h.e10:-		_						
Principal Place of Business Mailing Address 2594 CENTERVILLE PO BOX 13474											
SUITE B	SUITE 8 TALLAHASSEE FL 32317										
TALLAHASSEE US	FL 32317		US				ŀ	DO NOT WRIT 3. Date Incorporated or Qualified	E IN THIS	SPACE	
								09/17/1986			
└	Place of Busines	ss	2a. Ma	ailing Address				4. FEI Number		Applied F	or
21			26				 ∤	59-2712026		Not Appli	
22]	Suite, Apt. #, etc. 27							5. Certificate of Status Desired	7	\$8.75 Addition Fee Required	nal
City & Stal	City & State City & State							6. Election Campaign Financing	\Box	\$5.00 May B	
Zip		Country	Zig	p	Cou	ntry	+	Trust Fund Contribution 8. This corporation owes the current	ent vear	Added to Fees	
24	25		29		30			Intangible Personal Property.		Yes No	
<u> </u>	9. Name a	nd Address of Cu	rrent Registere	ed Agent		81 Name		10. Name and Address of New R	egistered A	\gent	
INM.	an, ben										
259	4 E. CENTER	VILLE ROAD				82 Street	Address	s (P.O. Box Nymler is Not Accepta	ble)		
	rr r					11	71001000	11/X	,		
SUT						83		NIA			$\overline{}$
	LAHASSEE FI	L 32308						NA		85 Zip Code	
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5 3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

DELETE

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: 1 850-385-0395 Daytime Phone #

Change Addition