

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90222 026 ***150.00

DOCUMENT # P95000010670

1. Corporation Name
BARRIELS DEVELOPMENT, INC.



Principal Place of Business

821 N.E. 36 TER.
SUITE 6
OCALA FL 34470

Mailing Address

821 N.E. 36 TER.
SUITE 6
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

59-3298488

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1309 SE 25 LOOP

Suite, Apt. #, etc.

22 SUITE 103

City & State

23 Ocala FL

Zip

24 34471

Country

25 USA

2a. Mailing Address

26 1309 SE 25 LOOP

Suite, Apt. #, etc.

27 SUITE 103

City & State

28 Ocala FL

Zip

29 34471

Country

30 USA

9. Name and Address of Current Registered Agent

BARRINEAU, DIANE
821 N.E. 36 TER.
SUITE 6
OCALA FL 34470

81 Name

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

83 1309 SE 25 LOOP

84 SUITE 103

85 City

86 Ocala

State

87 FL

88 Zip Code

89 34471

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME BARRINEAU, DIANE
STREET ADDRESS 821 NE 36 TER, STE. 6
CITY-ST-ZIP Ocala FL 34470

TITLE VD ☐ DELETE

NAME DANIELS, JOHN P
STREET ADDRESS 821 NE 36 TER, STE. 6
CITY-ST-ZIP Ocala FL-34470

TITLE SD ☐ DELETE

NAME BARRINEAU, REGINALD M
STREET ADDRESS 821 NE 36 TER, STE. 6
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.3 STREET ADDRESS 1309 SE 25 LOOP, SUITE 103

1.4 CITY-ST-ZIP Ocala, FL 34471

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1309 SE 25 LOOP, SUITE 102

2.4 CITY-ST-ZIP Ocala, FL 34471

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1309 SE 25 LOOP, SUITE 103

3.4 CITY-ST-ZIP Ocala, FL 34471

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Diane Barrineau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DIANE BARRINEAU)

Date

Daytime Phone #

4/19/99 (352) 622 3133

CR2E034 (11/98)