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

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90085 043 ***150.00

DOCUMENT # P97000038991

1. Corporation Name

B. J. BARR'S PERSONAL SAFETY DEVICES, INC.

		2	
Principal Place of Business Mailing Address			
2746 LEON RD. 2746 LEON RD. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246		DO NOT WRITE IN THIS SPACE	
		Date Incorporated or Qualifed	
		05/01/1997	
Principal Place of Business 2a. Mailing Address		4. FEI Number Applied For	
21 26		59-3448004 Not Applica	
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required	
22 27 City & State City & State		6. Election Campaign Financing \$5.00 May Be	
23 28		Trust Fund Contribution Added to Fees	
Zip Country Zip C 24 25 29 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
	81 Name		
BARR, BARBARA J	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	-
2746 LEON RD.			
JACKSONVILLE FL 32246	83		-
	84 City	FI 85 Zip Code	
	1 1		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	e above-named corpo	oration submits this statement for the purpose of changing its registere	d
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoric agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S 	zed by the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	ed
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ DELETE

☐ Addition

Change