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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name ROY BARBIER, INC.

DOCUMENT # V01970



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90148 033 \*\*\*150.00

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Principal Place	e of Business	Mailing Address	-				IERI OLDIA OLDIA	01911 01011 1091
341 MARBRISA DRIVE VERO BEACH FL 32963  341 MARBRISA DRIVE VERO BEACH FL 32963			DO NOT WRITE IN THIS SP.		SPACE			
			•			3. Date Incorporated or Qualifed 12/23/1991		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0304250		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	*	Additional equired
City & State		City & State	<u> </u>			6. Election Campaign Financing	\$5.00	
23	·	28				Trust Fund Contribution		to Fees
Zíp	Country	Zip		intry		8. This corporation owes the current year Into		En.
24	25		30			Personal Property Tax.	Yes	<b>⊠</b> No
	9. Name and Address of Curren	t Registered Agent	<del> </del>	81	N	10. Name and Address of New Registered	Agent	
DAD	RIED DOVE			81	Name			
BARBIER, ROY E 341 MARBRISA DRIVE		82	Street Addres	ss (P.O. Box Number is Not Acceptable)	-			
	D BEACH FL 32963			83				
				84	City		85 Zip	Code
	<u></u>					FL		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was :	authorize(	ועמנ	the corporation	ration submits this statement for the purpose of o's board of directors. I hereby accept the appoint	changing its ntment as re	registered egistered
SIGNATURE					_			
	Signature, typed or printed name of registered age		<u> </u>	l Agent	signature required \		D DIDECT(	200 IN 42
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	PT	☐ DELETE	1.1 TI				L'1 cuange	☐ Addison
NAME	BARBIER, ROY E		1.2 N					
STREET ADDRESS	341 MARBRISA DRIVE				ADDRESS			Į
CITY-ST-ZIP	VERO BEACH FL	[7] DELETE		TY-ST	-ZIP	<del></del>	Change	Addition
TITLE		☐ OELETE	2.1 ∏				☐ Origingo	
NAME			2.2 N					
STREET ADDRESS					ADDRESS			
-CITY-ST-ZIP -	<u> </u>	DELETE		11Y-S1	T-ZIP		Change	☐ Addition
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NAME			3.2 N		ADDRESS			
STREET ADDRESS			4					
CITY-\$T-ZIP			3.4. C	TLE	1-ZIP		Change	☐ Addition
TITLE			4.2 N		Ì			_
NAME					ADDRESS			
STREET ADDRESS				TY-ST	I			
CITY-ST-ZIP		☐ DELETE	5.1 TI		-ZIP		☐ Change	☐ Addition
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TITLE		DELETE	6.1 Π				☐ Change	☐ Addition
NAME			62 N	AME				ĺ
STREET ADDRESS			6.3 S	TREET	ADDRESS			
CITY-ST-7IP	•		6.4 C	TY-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.