FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 665113 (7)

1. Corporate Name
BARRON RIVER DEVELOPMENT CORPORATION

Principal Place of Business
803 COLLIER AVE.
P.O. BOX 116
EVERGLADES CITY FL 33929
US

Mailing Address
803 COLLIER AVE.
P.O. BOX 116
EVERGLADES CITY FL 33929
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (If Applicable) 03/31/1980
3a. Date of Last Report 06/28/1994

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
29 30

4. FEI Number 59-2128135 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 qualifies for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HARMON, F. LAWRENCE
512 SCHOOL DR.
BOX 648
EVERGLADES CITY FL 33929

10. Name and Address of New Registered Agent
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 Section 607.0505 and 607.0506 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 hereby agree to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE: [signature] 4/28/95
(Signature of a new registered agent if registered agent is changing) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARMON, FORREST L.
STREET ADDRESS	154 EVENINGSTAR KAYS
CITY, ST.	NAPLES FL
TITLE	VPD
NAME	HARMON, DONA
STREET ADDRESS	154 EVENINGSTAR KAYS
CITY, ST.	NAPLES FL
TITLE	SD
NAME	HARMON, F. LAWRENCE
STREET ADDRESS	512 SCHOOL DR
CITY, ST.	EVERGLADES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: [signature] 4/28/95 813 695 3371
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Area Code & Daytime Phone Number)
F. LAWRENCE HARMON

0481358 FP