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FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 665113 (7)
1. Corporation Name
BARRON RIVER DEVELOPMENT CORPORATION



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/31/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2128135	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

HARMON, F. LAWRENCE
803 COLLIER AVE.
P.O. BOX 116
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
85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HARMON, FORREST L	1.2 NAME	
STREET ADDRESS	120 NEWPORT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34114	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	HARMON, DONA	2.2 NAME	
STREET ADDRESS	120 NEWPORT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34114	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	HARMON, F. LAWRENCE	3.2 NAME	
STREET ADDRESS	803 COLLIER AVE V14	3.3 STREET ADDRESS	
CITY-ST-ZIP	EVERGLADES CITY FL 34139	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Handwritten Signature]

CR2E034 (10/97)