


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J48259 (2)
1. Corporation Name
THE BARNHILL CORPORATION

Principal Place of Business
3150 N. WOODLAND BLVD
DELAND FL 32720

Mailing Address
P.O. BOX 806
DELAND FL 32720
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1200 BELLE AVE STE 101		2a. Mailing Address 1200 BELLE AVE.		3. Date Incorporated or Qualified 12/22/1986	
21. Suite, Apt. #, etc. 101		26. Suite, Apt. #, etc. STE. 101		4. FEI Number 59-2752455	
22. City & State WINTER SPRINGS FL		27. City & State WINTER SPRINGS FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 32708		28. Zip 32708		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country USA		29. Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOETY, BRETT O 1200 BELLE AVENUE SUITE 101 WINTER SPRINGS FL 32708				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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, JAMES B.		1.2 NAME	JOHN J. SOETY	
STREET ADDRESS	P.O. BOX 38, NA		1.3 STREET ADDRESS	827 LIVE OAK LANE	
CITY-ST-ZIP	DELEON SPRINGS FL		1.4 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, KIRK T.		2.2 NAME		
STREET ADDRESS	223 S WOODLAND BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, CHRISTOPHER A.		3.2 NAME		
STREET ADDRESS	3150 N. WOODLAND BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:



BRETT SOETY

4/22/98

(407) 696-4334

CR2E034 (10/97)