

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:42

DOCUMENT # **283990** (0)

1. Corporation Name
KILLEARN PROPERTIES, INC.

Principal Place of Business Mailing Address
**7110 BEECH RIDGE TRAIL
PO BOX 12780
TALLAHASSEE FL 32312-3642**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/05/1964		3a. Date of Last Report 04/04/1994	
4. FEI Number 58-1095487		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 100 Eagle's Landing Way		26 100 Eagle's Landing Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State 23 Stockbridge, GA		City & State 28 Stockbridge, GA	
Zip 24 30281		Zip 29 30281	
Country 25 USA		Country 30 USA	

8. Name and Address of Current Registered Agent HORNE, MALLORY E. SR. RT 1 BOX 942 TALLAHASSEE FL 32312		10. Name and Address of New Registered Agent	
81 Name Mallory E. Horne, Sr.		82 Street Address (P.O. Box Number is Not Acceptable) 2586 Sengate Drive	
83 Turner Building, Suite 100		84 City Tallahassee	
85 State FL		86 Zip Code 32301	

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 agent 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: *Mallory E. Horne Sr.* DATE: **2-7-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DAVID K.	1.2 NAME	Williams, David K.
STREET ADDRESS	3837-C KILLEARN CENTER CT	1.3 STREET ADDRESS	100 Eagle's Landing Way
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Stockbridge, GA 30281
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, MELVIN L.	2.2 NAME	
STREET ADDRESS	625 N. ADAMS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUQUA, DON	3.2 NAME	
STREET ADDRESS	1725 VESALLES ST. N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, J.T. JR.	4.2 NAME	
STREET ADDRESS	100 EAGLE'S LANDING WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMON, PETER	5.2 NAME	
STREET ADDRESS	ONE PARK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PERU IN	5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *David K. Williams* DATE: **2/3/95** (604) **389-2020**