

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

FILED
Feb 17 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 # 283990 (0)

1. Corporation Name
KILLEARN PROPERTIES, INC.



Principal Place of Business 100 EAGLE'S LANDING WAY PO BOX 12789 STOCKBRIDGE GA 32081 US	Mailing Address 100 EAGLE'S LANDING WAY PO BOX 12789 STOCKBRIDGE GA 32081 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 385 Country Club Dr. Suite, Apt. #, etc. 22 City & State 23 Stockbridge, GA Zip Country 24 30281 25 U.S.	2a. Mailing Address 26 385 Country Club Dr. Suite, Apt. #, etc. 27 City & State 28 Stockbridge, GA Zip Country 29 30281 30 U.S.
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3. Date Incorporated or Qualified 08/05/1964	4. FEI Number 59-1095497	Applied For <input type="checkbox"/> 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	
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

**HORNE, MALLORY E. SR.
 2586 SEAGATE DRIVE
 TURNER BUILDING, SUITE 100
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature type or print name of registered agent and title, if available. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	President
NAME	WILLIAMS, DAVID K.	1.2 NAME	Williams, David K.
STREET ADDRESS	100 EAGLE'S LANDING WAY	1.3 STREET ADDRESS	385 Country Club Dr.
CITY-ST-ZIP	STOCKBRIDGE GA	1.4 CITY-ST-ZIP	Stockbridge, GA. 30281
TITLE	D	2.1 TITLE	
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	
NAME	FLOWERS, LANGDON	3.2 NAME	
STREET ADDRESS	7118 BEECH RIDGE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
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	
NAME	MALONEY, ROBERT E.	5.2 NAME	
STREET ADDRESS	7118 BEECH RIDGE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	PCEO	6.1 TITLE	Director
NAME	CONNER, MARK A.	6.2 NAME	Conner, Mark A.
STREET ADDRESS	7118 BEECH RIDGE TRAIL	6.3 STREET ADDRESS	7118 Beech Ridge Trail
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL 32312

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CITY-ST-ZIP	STOCKBRIDGE GA	1.4 CITY-ST-ZIP	Stockbridge, GA. 30281
TITLE	D	2.1 TITLE	
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	
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CITY-ST-ZIP	STOCKBRIDGE GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MALONEY, ROBERT E.	5.2 NAME	
STREET ADDRESS	7118 BEECH RIDGE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	PCEO	6.1 TITLE	Director
NAME	CONNER, MARK A.	6.2 NAME	Conner, Mark A.
STREET ADDRESS	7118 BEECH RIDGE TRAIL	6.3 STREET ADDRESS	7118 Beech Ridge Trail
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL 32312

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: _____ (1770)389-2020

CR2E034 (10/97)