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001404

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90174 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 283990
 1. Corporation Name
KILLEARN PROPERTIES, INC.



Principal Place of Business Mailing Address

385 COUNTRY CLUB DR
 STOCKBRIDGE GA 30281
 US

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 STOCKBRIDGE GA 30281
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1964

4. FEI Number
59-1095497

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

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 **Mallory E. Horne**

82 Street Address (P.O. Box Number is Not Acceptable)
216 S. Monroe St.

83 **Suite 200**

84 City **Tallahassee** FL 85 Zip Code **32302**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DAVID K.	
STREET ADDRESS	385 COUNTRY CLUB DR	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPE, MELVIN L.	
STREET ADDRESS	625 N. ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, J.T. JR.	
STREET ADDRESS	100 EAGLE'S LANDING WAY	
CITY-ST-ZIP	STOCKBRIDGE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAMS, J.T. JR.
3.3 STREET ADDRESS	1570 Rock Quarry Rd., Ste. B
3.4 CITY-ST-ZIP	Stockbridge, GA 30281
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *David K. Williams* 1/19/99 770-389-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)