

**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 # **F07731 (5)**

1. Corporation Name  
**KILLEARN CONSTRUCTION, INC.**

Principal Place of Business Mailing Address  
**8837-C KILLEARN CENTER CT- TALLAHASSEE FL 32308- US** **3837-C KILLEARN CENTER CT TALLAHASSEE FL 32308 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/03/1980** 3a. Date of Last Report **04/04/1994**

4. FEI Number **59-1356949** Applied For  Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**HORNE, MALLORY E. SR.**  
**RT-1 BOX 042-**  
**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 Seagate Drive**  
83 **Turner Building, Suite 100**  
84 City **Tallahassee** 85 Zip Code **FL 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 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: *Mallory E. Horne Sr* DATE: **2-7-95**

12. OFFICERS AND DIRECTORS

|                |                                  |
|----------------|----------------------------------|
| TITLE          | <b>VD</b>                        |
| NAME           | <b>WILLIAMS, J. T. JR.</b>       |
| STREET ADDRESS | <b>100 EAGLE'S LANDING WAY</b>   |
| CITY-ST-ZIP    | <b>STOCKBRIDGE GA</b>            |
| TITLE          | <b>PD</b>                        |
| NAME           | <b>WILLIAMS, DAVID K.</b>        |
| STREET ADDRESS | <b>3837-C KILLEARN CENTER CT</b> |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>            |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| 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 |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 2.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 3.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 4.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 5.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 6.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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 119.07(3)(k), 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: **2/5/95** (404) 389-2020