

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

FILED
Mar 27 1997 8:00am
Secretary of State

PROFEIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F07731

(5)

1. Corporation Name
KILLEARN CONSTRUCTION, INC.



Principal Place of Business
**100 EAGLES LANDING WAY
 STOCKBRIDGE GA 32081
 US**

Mailing Address
**100 EAGLES LANDING WAY
 STOCKBRIDGE GA 32081-5094
 US**

3. Date Incorporated or Qualified **12/03/1980** 3a. Date of Last Report **03/05/1996**

2. Principal Place of Business
 21 **602 Country Club Dr.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **602 Country Club Dr.**
 Suite, Apt. #, etc.

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

22 City & State
 23 **Stockbridge, GA**

27 City & State
 28 **Stockbridge, GA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country
30281 US

28 Zip Country
30281 US

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes 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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, J. T. JR.	
STREET ADDRESS	100 EAGLE'S LANDING WAY	
CITY-ST-ZIP	STOCKBRIDGE GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DAVID K.	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark A. Conner	
1.3 STREET ADDRESS	602 Country Club Dr.	
1.4 CITY-ST-ZIP	Stockbridge	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, David K.	
2.3 STREET ADDRESS	602 Country Club Dr.	
2.4 CITY-ST-ZIP	Stockbridge, GA 30281	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, the filer, 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: *Paul Horn*
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)