

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

001401

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F07731**

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

Principal Place of Business  
**385 COUNTRY CLUB DR  
STOCKBRIDGE GA 30281  
US**

Mailing Address  
**385 COUNTRY CLUB DR  
STOCKBRIDGE GA 30281  
US**

**FILED**

**99 FEB -1 PM 12:31**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/03/1980**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

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 SR.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Akerman, Senterfitt & Eidson**

83 **216 S. Monroe Street, Suite 200**

84 City  
**Tallahassee** FL 85 Zip Code  
**32305**

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  DELETE

NAME **P WILLIAMS, DAVID K.**

STREET ADDRESS **385 COUNTRY CLUB DR**

CITY-ST-ZIP **STOCKBRIDGE GA 30281**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME **500002766425--4**

13 STREET ADDRESS **-02/05/99--01100--015**

14 CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 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 Williams 1/12/98 (770) 389-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/199)