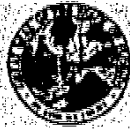


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 9:56

DOCUMENT # 385741 (4)

**1. Corporation Name
KIRKLAND DEVELOPMENT CORPORATION**

**Principal Place of Business Mailing Address
RT 1 BOX 3652 CRAWFORDVILLE FL 32327
ST-~~FL~~ CRAWFORDVILLE FL 32327**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/21/1971 3a. Date of Last Report 04/04/1994

**2. Principal Place of Business 2a. Mailing Address
21 None 26 P.O. Box 253
Suite, Apt. #, etc. Suite, Apt. #, etc.**

4. FEI Number 59-1371635 Applied For Not Applicable

**22 City & State 27 City & State
23 CRAWFORDVILLE 28 FL**

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

24 Zip 25 Country 29 32327 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DESHERLIA, KATHRYN KIRKLAND
ROUTE 4 BOX 6178 P.O. Box 253
CRAWFORDVILLE FL 32327**

**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 607.1508, 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 Kathryn Kirkland De Sherlia 4/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	BROWN, WILLIAM MORRIS
STREET ADDRESS	ROUTE 4, BOX 6178
CITY - ST - ZIP	CRAWFORDVILLE FL
TITLE	P
NAME	DESHERLIA, KATHRYN KIRKL
STREET ADDRESS	RT 1 BOX 3652
CITY - ST - ZIP	CRAWFORDVILLE FL
TITLE	T
NAME	FORRESTER, SYLVIA K.
STREET ADDRESS	RT. 1 BOX 3652
CITY - ST - ZIP	CRAWFORDVILLE FL
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
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	<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (0.07(3)(k), Florida Statute. 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathryn Kirkland De Sherlia 904 926 3246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE