

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 385741 (4)

1. Corporation Name

KIRKLAND DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

~~RT 1 BOX 3052~~ 2886 Coastal Hwy
CRAWFORDVILLE FL 32327

P.O. BOX 253
CRAWFORDVILLE FL 32326
US

3. Date Incorporated or Qualified
07/21/1971

3a. Date of Last Report
04/12/1995

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

4. FEI Number
59-1371635

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DESHERLIA, KATHRYN KIRKLAND
~~ROUTE 1 BOX 3052~~ 2886 Coastal Hwy
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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Address

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM MORRIS	1.2 NAME	William Morris Brown
STREET ADDRESS	ROUTE 1 BOX 3178 469 Plantation Rd	1.3 STREET ADDRESS	469 Plantation Rd.
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	1.4 CITY - ST - ZIP	Crawfordville Fl 32327
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESHERLIA, KATHRYN KIRKL	2.2 NAME	Kathryn Kirkland Desherlia
STREET ADDRESS	RT 1 BOX 3052 2886 Coastal Hwy	2.3 STREET ADDRESS	2886 Coastal Highway
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	2.4 CITY - ST - ZIP	Crawfordville Fl 32327
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORRESTER, SYLVIA K.	3.2 NAME	Sylvia K. Forrester
STREET ADDRESS	RT 1 BOX 3052 2886 Coastal Hwy	3.3 STREET ADDRESS	2886 Coastal Highway
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	3.4 CITY - ST - ZIP	Crawfordville Fl 32327
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Kathryn Kirkland Desherlia* 4/15/96 904 926-3246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)