

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:25

DOCUMENT # **L06269** (9)

1. Corporation Name
KILLEARN BROTHERS REALTY, INC.

Principal Place of Business
**3646 SHAMROCK W
TALLAHASSEE FL 32308-2642
US**

Mailing Address
**3646 SHAMROCK W
TALLAHASSEE FL 32308-2642
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/02/1989

3a. Date of Last Report
04/15/1994

4. FEI Number
59-2972851

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

**ROBERTS GERALDINE C
3518 LIMERICK DR
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting.)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ROBERTS, GERALDINE C
STREET ADDRESS	3518 LIMERICK DR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	DAVIS, DIANNE D.
STREET ADDRESS	2202 KILLARNEY WAY
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	P
NAME	REWISKI, RITA C
STREET ADDRESS	3582 LOMA FARM RD
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	MATHIS, DORIS K
STREET ADDRESS	1949 CHARLAIS ST
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	HELM, NANCY H
STREET ADDRESS	2301 KILKENNEY WAY
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	DRAKE, BETTE H
STREET ADDRESS	2858 BANTRY BAY
CITY - ST - ZIP	TALLAHASSEE FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rewiski, Rita C
3.3 STREET ADDRESS	3582 Loma Farm Rd
3.4 CITY - ST - ZIP	Tallahassee, FL.
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Drake, Bette H
6.3 STREET ADDRESS	2963 Paddington Dr.
6.4 CITY - ST - ZIP	Tallahassee, FL. 32308

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: *Geraldine C. Roberts* 2/1/95 893-6100
(Typed Name and Title of Registered Agent or Director) (Date) (Phone Number)

NAME	OFFICE HELD
7. Bryars, Patricia 2547 Arendell Way Tallahassee, Fl. 32308	Director
8. Chapman, Cora Ann 1567 Groveland Hills Dr. Tallahassee, Fl. 32311	President
9. Feagin, Marjorie 3835 Bobbin Mill Tallahassee, Fl. 32312	Director
10. Graham, Marlene 5032 Tallow Point Tallahassee, Fl. 32308	Secretary
11. Hock, Abigail W 4044 McLaughlin Drive Tallahassee, Fl. 32308	Director
12. Malan, Graciela 3062 Fermanagh Dr. Tallahassee, Fl. 32308	Director
13. Cartee, Sherrie 6536 Alan-A-Dale Tallahassee, Fl. 32308	Treasurer
14. Vanlandingham, Gwen 3412 Castlebar Circle Tallahassee, Fl. 32308	Director
15. Fisher, Ann 3008 Banks Rd. Tallahassee, Fl. 32308	Director
16. Browne, Dessie 3725 Dorset Way Tallahassee, Fl. 32308	Director