

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

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**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
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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
24	29
25	30

3. Date Incorporated or Qualified <b>08/02/1989</b>	3a. Date of Last Report <b>02/03/1995</b>
4. FEI Number <b>59-2972851</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 **Cora Ann Chapman**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1567 Groveland Hills Dr.**

83

84 City **Tallahassee** FL 85 Zip Code **32311**

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 - **Cora Ann Chapman/Broker** *Cora Ann Chapman/Broker 1-16-96*

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERTS, GERALDINE C	
STREET ADDRESS	3518 LIMERICK DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, DIANNE D.	
STREET ADDRESS	2202 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REWISKI, RITA C.	
STREET ADDRESS	3582 LOMA FARM RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHIS, DORIS K	
STREET ADDRESS	1949 CHARLAIS ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELM, NANCY H	
STREET ADDRESS	2301 KILKENNEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRAKE, BETTE H.	
STREET ADDRESS	2963 PADDINGTON DR.	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roberts, Geraldine C.	
1.3 STREET ADDRESS	3518 Limerick Dr.	
1.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
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	Please Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rewiski, Rita C.	
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	President	<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 710.07(3)(b), 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: **Bette H. Drake** *Bette H. Drake 1/16/96* 893-6100

CR2E034 (12/95)

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NAME	OFFICE HELD
6. Bryars, Patricia 2547 Arendell Way Tallahassee, Fl. 32308	Secretary
7. Chapman, Cora Ann 1567 Groveland Hills Dr. Tallahassee, Fl. 32311	Broker
8. Feagin, Marjorie 3835 Bobbin Mill Tallahassee, Fl. 32312	Director
9. Hock, Abigail W. 4044 McLaughlin Drive Tallahassee, Fl. 32308	Vice President
10. Malan, Graciela 3062 Fermanagh Dr. Tallahassee, Fl. 32308	Director
11. Cartee, Sherrie 6536 Alan-A-Dale Tallahassee, Fl. 32308	Director
12. VanLandingham, Gwen 3412 Castlebar Circle Tallahassee, Fl. 32308	Director
13. Browne, Dessie 3725 Dorset Way Tallahassee, Fl. 32308	Director
14. Atwell, Jennifer 6826 Hill Gail Trail Tallahassee, Fl. 32308	Director