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Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L06269 (9)
 1. Corporation Name
KILLEARN BROKERS REALTY, INC.



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified 08/02/1989 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2972851 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | |
|---|--|--|--|---|------------------------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| CORA ANN CHAPMAN 1567 GROVELAND HILLS DRIVE TALLAHASSEE FL 32311 | | | | 81 Name | Abigail W. Hock |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 4044 McLaughlin Drive |
| | | | | 83 | |
| | | | | 84 City | Tallahassee, FL |
| | | | | 85 Zip Code | 32308 |

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 Abigail W. Hock/Broker *Abigail W. Hock* **3/30/98**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, GERALDINE C. | 1.2 NAME | Roberts, Geraldine C. |
| STREET ADDRESS | 3518 LIMERICK DR. | 1.3 STREET ADDRESS | 3518 Limerick Dr. |
| CITY-ST-ZIP | TALLAHASSEE FL | 1.4 CITY-ST-ZIP | Tallahassee, FL 32308 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, DIANNE D. | 2.2 NAME | |
| STREET ADDRESS | 2202 KILLARNEY WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHIS, DORIS K | 3.2 NAME | |
| STREET ADDRESS | 1949 CHARLAIS ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELM, NANCY H | 4.2 NAME | Helm, Nancy H. |
| STREET ADDRESS | 2301 KILKENNEY WAY | 4.3 STREET ADDRESS | 2301 Kilkenney Way |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | Tallahassee, FL 32308 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRES DRAKE, BETTE H. | 5.2 NAME | Drake, Bette H. |
| STREET ADDRESS | 2963 PADDINGTON DRIVE | 5.3 STREET ADDRESS | 2963 Paddington Dr. |
| CITY-ST-ZIP | TALLAHASSEE FL | 5.4 CITY-ST-ZIP | Tallahassee, FL 32308 |
| 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 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.

SIGNATURE: *Gwen VanLandingham* **GWEN VANLANDINGHAM** **3/4/98** **(850) 893-6100**

CR2E034 (10/97)

6. **Bryant, Patricia**
2547 Arendell Way
Tallahassee, Fl. 32308
7. **Chapman, Cora Ann**
1567 Groveland Hills Dr.
Tallahassee, Fl. 32311
8. **Hock, Abigail W.**
4044 McLaughlin Drive
Tallahassee, Fl. 32308
9. **Malan, Graciela**
3062 Fermanagh Dr.
Tallahassee, Fl. 32308
10. **Cartee, Sherrie**
6536 Alan-A-Dale
Tallahassee, Fl. 32308
11. **VanLandingham, Gwen**
3412 Castlebar Circle
Tallahassee, Fl. 32308
12. **Browne, Dessie**
4624 Scawthorn
Tallahassee, Fl. 32303
13. **Atwell, Jennifer**
2320 Meathe Dr.
Tallahassee, Fl. 32308
14. **Deborah H. Williams**
2805 Heathe Ct.
Tallahassee, Fl. 32308

OFFICE HELD

Vice President

Director

Broker
Vice President

Director

Director

Treasurer

Director

Director

President