FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:42

DOCUMENT # **283990** **(0)**

1. Corporation Name
KILLEARN PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~7110 BEECH RIDGE TRAIL~~ ~~PO BOX 12700~~ ~~TALLAHASSEE FL 32312-3042~~	~~7110 BEECH RIDGE TRAIL~~ ~~PO BOX 12700~~ ~~TALLAHASSEE FL 32312-3042~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/05/1964**
3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business
21: 100 Eagle's Landing Way
22: Suite, Apt. #, etc.
23: Stockbridge, GA
24: 30281 Zip
25: USA Country

2a. Mailing Address
26: 100 Eagle's Landing Way
27: Suite, Apt. #, etc.
28: Stockbridge, GA
29: 30281 Zip
30: USA Country

4. FEI Number: **59-1095497** ☐ 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

HORNE, MALLORY E. SR.
RT 1 BOX 942
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

91 Name: Mallory E. Horne, Sr.
92 Street Address (P.O. Box Number is Not Acceptable): 2586 Sangale Drive
93: Turner Building, Suite 100
94 City: Tallahassee FL 95 Zip Code: 32301

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: Mallory E Horne Sr 2-7-95
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V/D ☐ Change ☑ Addition
NAME	WILLIAMS, DAVID K.	1.2 NAME	Williams, David K.
STREET ADDRESS	3837-C KILLEARN CENTER CT	1.3 STREET ADDRESS	100 Eagle's Landing Way
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Stockbridge, GA 30281
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	POPE, MELVIN L.	2.2 NAME	
STREET ADDRESS	625 N. ADAMS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FUQUA, DON	3.2 NAME	
STREET ADDRESS	1725 VESALLES ST. N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, J.T. JR.	4.2 NAME	
STREET ADDRESS	100 EAGLE'S LANDING WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	REDMON, PETER	5.2 NAME	
STREET ADDRESS	ONE PARK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PERU IN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: David K Williams 2/3/95 (404) 389-2020
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

0089174 CP