

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 8052~~ 2886 Coastal Hwy  
CRAWFORDVILLE FL 32327

P.O. BOX 253  
CRAWFORDVILLE FL 32326  
US



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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DESHERLIA, KATHRYN KIRKLAND

~~ROUTE 1 BOX 3852~~ 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)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, WILLIAM MORRIS	
STREET ADDRESS	<del>ROUTE 1 BOX 8178</del> 469 Plantation Rd	
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DESHERLIA, KATHRYN KIRKLAND	
STREET ADDRESS	<del>RT 1 BOX 3852</del> 2886 Coastal Hwy	
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORRESTER, SYLVIA K.	
STREET ADDRESS	<del>RT 1 BOX 3852</del> 2886 Coastal Hwy	
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Morris Brown	
1.3 STREET ADDRESS	469 Plantation Rd.	
1.4 CITY - ST - ZIP	Crawfordville Fl. 32327	
2.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kathryn Kirkland Desherlia	
2.3 STREET ADDRESS	2886 Coastal Highway	
2.4 CITY - ST - ZIP	Crawfordville Fl 32327	
3.1 TITLE	Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sylvia K. Forrester	
3.3 STREET ADDRESS	2886 Coastal Highway	
3.4 CITY - ST - ZIP	Crawfordville Fl 32327	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)