

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F07731

(5)

1. Corporation Name
KILLEARN CONSTRUCTION, INC.

Principal Place of Business:

802 COUNTRY CLUB DR
STOCKBRIDGE GA 30281
US

Mailing Address:

802 COUNTRY CLUB DR
STOCKBRIDGE GA 30281
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1980

4. FEI Number

59-1356949

Applied For
Not Applicable

6. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 385 Country Club Dr.

Suite, Apt. #, etc.

22

City & State

23 Stockbridge, GA

Zip

24 30281

Country

25 U.S.

2a. Mailing Address

26 385 Country Club Dr.

Suite, Apt. #, etc.

27

City & State

28 Stockbridge, GA

Zip

29 30281

Country

30 U.S.

9. Name and Address of Current Registered Agent

HORNE, MALLORY E. SR.
2588 SEAGATE DRIVE
TURNER BUILDING, SUITE 100
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CONNER, MARK A.	
STREET ADDRESS	802 COUNTRY CLUB DR	
CITY-ST-ZIP	STOCKBRIDGE GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DAVID K.	
STREET ADDRESS	802 COUNTRY CLUB DR	
CITY-ST-ZIP	STOCKBRIDGE GA	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Conner, Mark A.	
1.3 STREET ADDRESS	7118 Beech Ridge Trail	
1.4 CITY-ST-ZIP	Tallahassee, FL 32302	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, David K.	
2.3 STREET ADDRESS	385 Country Club Dr.	
2.4 CITY-ST-ZIP	Stockbridge, GA 30281	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

(770) 389-2020

CR2E034 (10/97)