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

APPROVED AND FILED

95 FEB 20 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G06066 (6)

1. Corporation Name
KILLEARN GOLF & COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
% J.T. WILLIAMS, JR. ~~P O BOX 12769~~ ~~TALLAHASSEE FL 32317~~	% J.T. WILLIAMS, JR. ~~P O BOX 12769~~ ~~TALLAHASSEE FL 32317~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1982
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business	2a. Mailing Address
21 100 Eagles Landing Way	26 100 Eagles Landing Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Stockbridge, Ga.	28 City & State: Stockbridge, Ga.
24 Zip: 30281 25 Country: U.S.A.	29 Zip: 30281 30 Country: U.S.A.

4. FEI Number: 59-2231852 ☐ 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	10. Name and Address of New Registered Agent
WILLIAMS, J.T., JR. ~~7110 BEECH RIDGE TRAIL~~ ~~TALLAHASSEE FL 32317~~	81 Name: Mallory E. Horne 82 Street Address (P.O. Box Number is Not Acceptable): ~~100 E. 1st~~ 3580 Seaguie Dr. 83 Turner Building, Suite 100 84 City: Tallahassee FL 85 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 Jr 2-7-95
Signature of person or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when restoring — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, J T, JR	12 NAME	
STREET ADDRESS	100 EAGLES LANDING WAY	13 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DAVID K	22 NAME	800001411668
STREET ADDRESS	100 EAGLES LANDING WAY	23 STREET ADDRESS	-02/21/95--01103--012
CITY-ST-ZIP	STOCKBRIDGE GA 30281	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: J T Williams J. J T Williams, JR. 1/19/95 404/322-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILED
95 FEB 20 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000014B