


FILED  
Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 28 1997 8:00am Secretary of State	
DOCUMENT # P92000001069 (3)					
1. Corporation Name KILLINGSWORTH SERVICES INC.					
Principal Place of Business 4141 PINE FOREST RD CANTONMENT FL 32533 US		Mailing Address 4141 PINE FOREST RD CANTONMENT FL 32533-6545 US		3. Date Incorporated or Qualified 10/26/1992	
2. Principal Place of Business		2a. Mailing Address		3a. Date of Last Report 04/02/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3184728	
22. City & State		27. City & State		Applied For Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KILLINGSWORTH, FARRELL 4141 PINE FOREST RD CANTONMENT FL 32533			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I do 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 in an attachment with an address.					
SIGNATURE _____ FARRELL KILLINGSWORTH 3-24-97 904-474-9000					