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Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000045578 (8)**

1. Corporation Name  
**KILLEARN LAKES RACQUET & SWIM CLUB INC.**

Principal Place of Business <b>4926 SIX OAKS DRIVE TALLAHASSEE FL 32312</b>	Mailing Address <b>4926 SIX OAKS DRIVE TALLAHASSEE FL 32303-0820</b>
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2. Principal Place of Business 21 <b>4926 Six Oaks Dr.</b>		2a. Mailing Address 26 <b>4926 Six Oaks Dr.</b>		3. Date Incorporated or Qualified <b>06/13/1995</b>	3a. Date of Last Report <b>04/23/1996</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-3318626</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>Tallahassee, FL</b>		28 City & State <b>Tallahassee FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32303</b>		29 Zip <b>32303</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country <b>USA</b>		30 Country <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CASTER, MARK 3666 DWIGHT DAVIS DR TALLAHASSEE FL 32312</b>		10. Name and Address of New Registered Agent 81 Name <b>Mark Caster</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>3666 Dwight Davis Dr.</b> 84 City <b>Tallahassee</b> 85 Zip Code <b>FL 32312</b>	
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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 *Mark Caster* DATE **1/3/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CASTER, MARK</b>		1.2 NAME	
STREET ADDRESS <b>4926 SIX OAKS DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PRASEK, MARK</b>		2.2 NAME	
STREET ADDRESS <b>4926 SIX OAKS DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Mark D Caster* **Mark D Caster** 1/3/97 904-878 3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)