DOCUMENT # P95000065651

Entity Name

KILLEARN ANTIQUES, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90007 036 ***150.00

Principal Place of Business

15 TIMBERLANE RD
LLAHASSEE FL 32312

Mailing Address

1415 TIMBERLANE RD
TALLAHASSEE FL 32312-1735

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-3368642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JANECEK, ANITA M
3620 CHERRY BLUFF LANE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALMARODE, RICHARD 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAGERTY, ANN 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JANECEK, ANITA 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S IVORY, EVE E 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SGTA STRAZULLA, MARCIA 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard L. Almarode 3/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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A00068687

M. JACK DAVIDSON, CPA
313 WILLIAMS STREET, SUITE 10
POST OFFICE BOX 13372
TALLAHASSEE, FLORIDA 32317

850-425-3065
FAX: 850-201-0765
e-mail: jpdavid@tlh.fdt.net

July 13, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Re: Killearn Antiques, Inc.

Gentlemen:

Per conversation with Kristen at the department, enclosed please find a copy of the above corporations 2000 uniform business report filed March 31, 2000. We are submitting another check for the filing fee of $ 150.00 because after checking with our bank, this has not cleared.

Thank you for your attention to this matter.

Sincerely,

M. Jack Davidson