

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90089 049 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44721

1. Corporation Name

KEEP ALACHUA COUNTY BEAUTIFUL, INC.

Principal Place of Business

309 NE 1ST STREET  
GAINESVILLE FL 32601  
US

Mailing Address

309 NE 1ST STREET  
GAINESVILLE FL 32601  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/16/1991

4. FEI Number

59-3078627

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

ROCHFORD, JEANNE  
8647 SOUTHWEST 42 PLACE  
GAINESVILLE FL 32608

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | DS                         | <input type="checkbox"/> DELETE            |
| NAME           | HAWKINS, GINA              |  |
| STREET ADDRESS | 200 E. UNIVERSITY AVE      |  |
| CITY-ST-ZIP    | GAINESVILLE FL             |  |
| TITLE          | DT                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | CLINE, FLORENCE A.         |  |
| STREET ADDRESS | 12648 NW 46TH AVE          |  |
| CITY-ST-ZIP    | GAINESVILLE FL             |  |
| TITLE          | DV                         | <input type="checkbox"/> DELETE            |
| NAME           | GREEN, DALE F.             |  |
| STREET ADDRESS | 3011 SW WILLINGTON RD      |  |
| CITY-ST-ZIP    | GAINESVILLE FL             |  |
| TITLE          | D                          | <input type="checkbox"/> DELETE            |
| NAME           | PARTICK, HOWARD W.         |  |
| STREET ADDRESS | 4010 NORTHWEST 25 PLACE    |  |
| CITY-ST-ZIP    | GAINESVILLE FL             |  |
| TITLE          | DC                         | <input type="checkbox"/> DELETE            |
| NAME           | HICKEY, EUGENE             |  |
| STREET ADDRESS | 1950 NE 27TH AVE           |  |
| CITY-ST-ZIP    | GAINESVILLE FL             |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | SMITH, WAYNE               |  |
| STREET ADDRESS | 710 NORTHEAST FIRST STREET |  |
| CITY-ST-ZIP    | GAINESVILLE FL             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | DV                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | CORNELL, JIM          |  |
| 1.3 STREET ADDRESS | 5002 SW 41ST BLVD     |  |
| 1.4 CITY-ST-ZIP    | GAINESVILLE, FL 32608 |  |
| 2.1 TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | GREEN, DALE F.        |  |
| 2.3 STREET ADDRESS | 3011 SW WILLISTON RD  |  |
| 2.4 CITY-ST-ZIP    | GAINESVILLE, FL 32614 |  |
| 3.1 TITLE          | DT                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | HICKEY, EUGENE        |  |
| 3.3 STREET ADDRESS | 1950 NE 27TH AVE      |  |
| 3.4 CITY-ST-ZIP    | GAINESVILLE, FL 3260  |  |
| 4.1 TITLE          | DC                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | GASCHE, BOB           |  |
| 4.3 STREET ADDRESS | 1111 NW 25TH TERRACE  |  |
| 4.4 CITY-ST-ZIP    | GAINESVILLE, FL 32605 |  |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/19/99

(352) 371-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)