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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N94000001142

1. Corporation Name

KEEP POLK COUNTY BEAUTIFUL, INC.

Principal Place of Business	Mailing Address
215 E MAIN ST STE 1 BARTOW FL 33830 US	215 E. MAIN ST STE 1 BARTOW FL 33830 US

2. Principal Place of Business	2a. Mailing Address
21 1252 Golfview Av., Bartow	26 1252 Golfview Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bartow, Florida	City & State 28 Bartow, Florida
Zip / Country 24 33830 25 Polk	Zip / Country 29 33830 30 Polk

3. Date Incorporated or Qualified: 03/04/1994

4. FEI Number: 59-3233346 ☐ 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

9. Name and Address of Current Registered Agent

BLAIR, VIRGINIA
215 E MAIN ST
BATOW FL 33830

10. Name and Address of New Registered Agent

81 Name: Jennifer Cone
82 Street Address (P.O. Box Number is Not Acceptable): 1252 Golfview Avenue
83
84 City: Bartow FL 85 Zip Code: 33830

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: Jennifer Cone DATE: 5/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DARNELL, KEVIN		1.2 NAME	CONE, JENNIFER	
STREET ADDRESS	215 E. MAIN ST.		1.3 STREET ADDRESS	1252 GOLFVIEW AVENUE	
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP	BARTOW, FL	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CONE, JENNIFER		2.2 NAME	DARNELL, KEVIN	
STREET ADDRESS	215 E. MAIN ST		2.3 STREET ADDRESS	1252 GOLFVIEW AVENUE	
CITY-ST-ZIP	BARTOW FL		2.4 CITY-ST-ZIP	BARTOW, FL	
TITLE	T	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BLAIR, VIRGINIA		3.2 NAME	THAVARAJAH, BERNADETTE	
STREET ADDRESS	215 E. MAIN ST		3.3 STREET ADDRESS	1252 GOLFVIEW AV	
CITY-ST-ZIP	BARTOW FL		3.4 CITY-ST-ZIP	BARTOW, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLIFFORD, CYNTHIA		4.2 NAME		
STREET ADDRESS	215 E. MAIN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Jennifer Cone SIGNATURE REQUIRED Jennifer Cone 04/15/99 (941) 298-6019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #