

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N50228** (8)  
1. Corporation Name  
**KEEP HILLSBOROUGH COUNTY CLEAN, INC.**

APPROVED AND FILED  
95 APR 28 PM 7:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**10014 N. DALE MASRY SUITE 101 TAMPA FL 33618 US** **PO BOX 273248 TAMPA FL 33688**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/03/1992** 3a. Date of Last Report **02/03/1994**

4. FEI Number **59-3138161** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**BABIONE, MALCOLM  
409 BANNOCKBURN  
TAMPA FL 33617**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUTTENDEN, ARLEN</b>	1.2 NAME	<b>CAM OBERTING</b>
STREET ADDRESS	<b>4410 W. ESTRELLA</b>	1.3 STREET ADDRESS	<b>13318 E. Sligh Avenue</b>
CITY - ST - ZIP	<b>TAMPA FL 33629</b>	1.4 CITY - ST - ZIP	<b>Tampa, Florida 33584</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBERTING, CAM</b>	2.2 NAME	<b>Mary Ann Walters</b>
STREET ADDRESS	<b>13318 E. SLIGH AVE</b>	2.3 STREET ADDRESS	<b>918 Alpine Drive</b>
CITY - ST - ZIP	<b>SEFENER FL</b>	2.4 CITY - ST - ZIP	<b>Brandon, Florida 33510</b>
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABIONE, MALCOLM</b>	3.2 NAME	
STREET ADDRESS	<b>409 BANNOCKBURN</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TEMPLE TERRACE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSON, JAMES H.</b>	4.2 NAME	<b>Kathryn Moynihan</b>
STREET ADDRESS	<b>5210 W. LINEBAUGH AVE</b>	4.3 STREET ADDRESS	<b>BOCC, P.O. Box 1110</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	4.4 CITY - ST - ZIP	<b>Tampa, Florida 33601</b>
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Malcolm Babione* **4-24-95** **813-985-1525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in phone #)