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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N50228 (8)

1. Corporation Name
KEEP HILLSBOROUGH COUNTY CLEAN, INC.

Principal Place of Business	Mailing Address
10014 N. DALE MABRY SUITE 101 TAMPA FL 33618 US	PO BOX 273248 TAMPA FL 33688-3248

3. Date Incorporated or Qualified: 08/03/1992
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

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

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

9. Name and Address of Current Registered Agent

BABIONE, MALCOLM
409 BANNOCKBURN
TAMPA FL 33617

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	(D)	☐ Change ☒ Addition
NAME	OBERTING, CAM		1.2 NAME	Michael F, Olsen	
STREET ADDRESS	13318 E SLIGH AVE		1.3 STREET ADDRESS	16109 Darnell Road	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Lutz, Fl. 33549 Pres.	
TITLE	VD	☒ DELETE	2.1 TITLE	(D)	☐ Change ☒ Addition
NAME	WALTERS, MARY ANN		2.2 NAME	Eddy Tamayo	
STREET ADDRESS	918 ALPINE DR		2.3 STREET ADDRESS	128 E. Davis Blvd.	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	#4 Tampa, Fl. 33606 V. Pres	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOUGH, BOB		3.2 NAME		
STREET ADDRESS	6314 SOUTH CLARK STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	(D)	☐ Change ☒ Addition
NAME	MOYNIHAN, KATHRYN		4.2 NAME	Julie Murphree	
STREET ADDRESS	BOCC P O BOX 1110		4.3 STREET ADDRESS	2915 W. San Jose St.	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, Fl. 33629 Secretary	
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 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael F Olsen MICHAEL F OLSEN 1/7/97 (813) 931-1010