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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50228** (8)
1. Corporation Name
KEEP HILLSBOROUGH COUNTY CLEAN, INC.



Principal Place of Business 10014 N. DALE MABRY SUITE 101 TAMPA FL 33618 US	Mailing Address PO BOX 273248 TAMPA FL 33688
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3. Date Incorporated or Qualified 08/03/1992		
4. FEI Number 59-3138161	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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
25. Country	30. Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. City	
84. City	85. Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP OLSEN, MICHAEL F 16109 DARNELL ROAD LUTZ FL 33549	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, MICHAEL F		1.2 NAME
STREET ADDRESS	16109 DARNELL ROAD		1.3 STREET ADDRESS
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP
TITLE	DV TAMAYO, EDDY 128 E. DAVIS BLVD. #4 TAMPA FL 33606	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO, EDDY		2.2 NAME
STREET ADDRESS	128 E. DAVIS BLVD. #4		2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP
TITLE	T HOUGH, BOB 6314 SOUTH CLARK STREET TAMPA FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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	DS MURPHREE, JULIE 2915 W. SAN JOSE ST. TAMPA FL 33629	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHREE, JULIE		4.2 NAME
STREET ADDRESS	2915 W. SAN JOSE ST.		4.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33629		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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

Handwritten: **DS MARY ANN WALTERS**
918 ALPINE DRIVE
BRANDON, FL 33510

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.

SIGNATURE: Michael F. Olsen **3/28/98** (813) 931-1010

CR2E037 (10/97)