

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:39

DOCUMENT # **N26179** (4)

1. Corporation Name  
**KEEP SARASOTA BEAUTIFUL, INC.**

Principal Place of Business Mailing Address  
**3302 BEE RIDGE RD: H/B** **P O BOX 36075**  
**SARASOTA FL 34233** **SARASOTA FL 34233**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/29/1988** 3a. Date of Last Report **03/28/1994**  
4. FEI Number **59-2939368** Applied For  
Not Applicable

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

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

9. Name and Address of Current Registered Agent  
**DAVIS, DIANE**  
**5004 WILLOW LEAF WAY**  
**SARASOTA FL 34241**

10. Name and Address of New Registered Agent  
B1 Name **E. Jack Gregory Jr.**  
B2 Street Address (P.O. Box Number is Not Acceptable) **2251 17th St.**  
B3  
B4 City **Sarasota** FL B5 Zip Code **34234**

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 *E. Jack Gregory Jr.* **Treasurer** **2/3/95**  
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                      | VD                    |
| NAME                       | MCCLELLAN, INGRID     |
| STREET ADDRESS             | 1800 THOMPSON PKWY    |
| CITY - ST - ZIP            | SARASOTA FL           |
| TITLE                      | CD                    |
| NAME                       | DAVIS, DIANE          |
| STREET ADDRESS             | 5004 WILLOW LEAF WAY  |
| CITY - ST - ZIP            | SARASOTA FL           |
| TITLE                      | TD                    |
| NAME                       | GREGORY, JACK         |
| STREET ADDRESS             | 2251G SEVENTEENTH ST. |
| CITY - ST - ZIP            | SARASOTA FL           |
| TITLE                      |                       |
| NAME                       |                       |
| STREET ADDRESS             |                       |
| CITY - ST - ZIP            |                       |
| TITLE                      |                       |
| NAME                       |                       |
| STREET ADDRESS             |                       |
| CITY - ST - ZIP            |                       |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY - ST - ZIP                                   |  |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | <b>Joyce Raby</b>  |
| 2.3 STREET ADDRESS                                    | <b>4812 La France Ave.</b>   |
| 2.4 CITY - ST - ZIP                                   | <b>North Port FL 34287</b>   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY - ST - ZIP                                   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY - ST - ZIP                                   |  |
| 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. Jack Gregory Jr.* **2/3/95** **(813) 364-9718**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Area) #