

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

**CORPORATION
ANNUAL REPORT
1995**



DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
32399-0001

APPROVED
DATE: 4/26/95
BY: [Signature]

DOCUMENT # N37257

(5)

KEEP FLORIDA BEAUTIFUL, INC.

Principal Office Address:
**325 JOHN KNOX ROAD
M-240
TALLAHASSEE FL 32303**

Mailing Address:
**325 JOHN KNOX ROAD
M-240
TALLAHASSEE FL 32303**

(PLEASE WRITE IN THIS SPACE)

2. Previous Fiscal Year:	2a. Mailing Address:	3. Date of Last Report:	3a. Date of Last Report:
21. []	26. []	03/26/1990	03/18/1994
22. []	27. []	4. FIC Number:	Applied For:
23. []	28. []	59-3022345	(Not Applicable)
24. []	29. []	5. Certificate of Status Request:	\$0.75 Additional Fee Required
		6. Certificate of Incorporation:	\$5.00 May Be Added to Fees
		7. Nonprofit with FIC Status:	\$68.75 Supplemental Fee Not Required
		8. This corporation has liability for franchise fees under the Florida Statutes:	Yes [] No [X]

9. Name and Address of Current Registered Agent:	10. Name and Address of New Registered Agent:
WALPER, FRANK 325 JOHN KNOX RD. M-240 TALLAHASSEE FL 32303	
81. Name:	
82. FIC Number:	
83. []	
84. []	
	FL 85. []

11. The agent of the corporation has been duly qualified and is qualified to act as such for the purpose of changing its registered office or registered agent in the State of Florida. I, the undersigned, being duly qualified to act as such for the purpose of changing its registered office or registered agent in the State of Florida, do hereby certify that the above information is true and correct.

Frank Walper 4/26/95

12. OFFICERS AND DIRECTORS:	13. []
C M. CLAYTON HOLLIS, JR. 110 E. JEFFERSON TALLAHASSEE FL	
S PAUL JOHNSON ONE BEACH DRIVE ST. PETERSBURG FL	
TD ELEANOR EKWALL 411 OFFICE PLAZA DRIVE TALLAHASSEE FL	
VCD DAVE MICA 215 SOUTH MONROE ST., STE. 800 TALLAHASSEE FL	
D PHILLIP FOREMAN 2601 S. BAYSHORE DR., PH-2 COCONUT GROVE FL	
D CAROL DOVER 200 WEST COLLEGE AVE., STE. 224 TALLAHASSEE FL	

John Tonkin Director
406 Munson Highway
Milton FL 32570

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that I am not responsible for the accuracy of the information supplied with this filing. I further certify that the information supplied with this filing is true and correct, and that I am not responsible for the accuracy of the information supplied with this filing.

SIGNATURE: *[Signature]* 4/27/95 561-6300

SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR OR OFFICER