

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37257 (5)

1. Corporation Name

KEEP FLORIDA BEAUTIFUL, INC.



Principal Place of Business

Mailing Address

**325 JOHN KNOX ROAD
M-240
TALLAHASSEE FL 32303**

**325 JOHN KNOX ROAD
M-240
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified
03/26/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3022345

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

10. Name and Address of New Registered Agent

**WALPER, FRANK
325 JOHN KNOX RD.
M-240
TALLAHASSEE FL 32303**

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

Frank Walper

2/12/96

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 **C** ☒ DELETE
NAME **M. CLAYTON HOLLIS, JR.**
STREET ADDRESS **110 E. JEFFERSON**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **C** ☐ Change ☒ Addition
1.2 NAME **David R. Mica**
1.3 STREET ADDRESS **215 S. Monroe St. #800**
1.4 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **S** ☒ DELETE
NAME **PAUL JOHNSON**
STREET ADDRESS **ONE BEACH DRIVE**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE **S/D** ☐ Change ☒ Addition
2.2 NAME **Lester Abberger, III**
2.3 STREET ADDRESS **120 S. Monroe St.**
2.4 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** ☒ DELETE
NAME **TORKIN, JOHN**
STREET ADDRESS **406 MUNSON HIGHWAY**
CITY-ST-ZIP **MILTON FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Marguerita Engel**
3.3 STREET ADDRESS **431 Riveredge Dr.**
3.4 CITY-ST-ZIP **Cocoa, FL 32922**

TITLE **VCD** ☒ DELETE
NAME **DAVE MICA**
STREET ADDRESS **215 SOUTH MONROE ST., STE. 800**
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE **VC/D** ☐ Change ☒ Addition
4.2 NAME **Carol Dover**
4.3 STREET ADDRESS **200 W. College Ave., #224**
4.4 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** ☐ DELETE
NAME **PHILLIP FOREMAN**
STREET ADDRESS **2601 S. BAYSHORE DR., PH-2**
CITY-ST-ZIP **COCONUT GROVE FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Phillip Forman**
5.3 STREET ADDRESS **254 W. Keene Rd.**
5.4 CITY-ST-ZIP **Apopka, FL 32703**

TITLE **D** ☒ DELETE
NAME **CAROL DOVER**
STREET ADDRESS **200 WEST COLLEGE AVE., STE. 224**
CITY-ST-ZIP **TALLAHASSEE FL**

6.1 TITLE **T/D** ☐ Change ☒ Addition
6.2 NAME **Richard T. Shelton**
6.3 STREET ADDRESS **336 E. College Ave.**
6.4 CITY-ST-ZIP **Tallahassee, FL 32301**

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 119.07(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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. MICA

Feb. 13 1996

Day

561-6300

Daytime Phone #

CR2E037 (12/95)