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Jan 31 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 # 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 32303-4164



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

3. Date Incorporated or Qualified  
03/26/1990

3a. Date of Last Report  
02/19/1996

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FRANK WALPER, Executive Dir. 1/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE  
NAME MICA, DAVID R.  
STREET ADDRESS 215 S MONROE STREET SUITE 800  
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME ABBERGER, LESTER III  
STREET ADDRESS 120 S MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ENGEL, MARGUERITA  
STREET ADDRESS 431 RIVEREDGE DRIVE  
CITY-ST-ZIP COCOA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VCD ☐ DELETE  
NAME DOVER, CAROL  
STREET ADDRESS 200 W. COLLEGE AVENUE APT 224  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME PHILLIP FOREMAN  
STREET ADDRESS 254 W. KEENE ROAD  
CITY-ST-ZIP APOPKA FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Tam Duggan  
5.4 CITY-ST-ZIP 2041 Southeast 5th St.  
Ocala, FL 32671

TITLE DT ☐ DELETE  
NAME SHELTON, RICHARD T.  
STREET ADDRESS 336 E. COLLEGE AVENUE  
CITY-ST-ZIP TALLAHASSEE FL

6.1 TITLE ☐ Change ☐ 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 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: DAVID R. MICA 1/22/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904/561-6300

CR2E037 (9/86)