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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary or State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

(5)

KEEP FLORIDA BEAUTIFUL, INC.

336 E. COLLEGE AVENUE

TALLAHASSEE FL

STREET ADDRESS

CITY-ST-ZIP

FILED
Feb 05 1998 8:00am
Secretary of State

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Principal Place of Business	Mailing	g Address		I sadirios son anni santo stata Briti (edi desti esale sinti dibit	ALBIT BIBIT (AB)
325 JOHN KNOX ROAD		HN KNOX ROAD		3. Date Incorporated or Qualified	
		M-240 Tallahassee fl 32303		03/26/1990	
I TACCAMASSEE PL 92300	INLLAR	IMBBEE FL BESUB		4. FEI Number	pplied For
				59-3022345	lot Applicable
2. Principal Place of Business	2a. Ma	ailing Address		5. Certificate of Status Desired \$8.75	Additional
21 2615 N. Monra			nroe St.		Derlupef
Suite, Apt. #, etc.	-	ite, Apt. #, etc.			May Be
22 Suite 200		uite 200 v & State	-		to Fees
City & State 23 Tallahassee,	· · ·	allahasse	A FL	7. Is this nonprofit corporation a homeowners associati	on?
<u> </u>	Country Zip		Country	8. This corporation owes or has paid the current year in	otangible
	· —	2303	30 Leon		No No
9. Name and	Address of Current Registers			10. Name and Address of New Registered Agent	
		_	81 Name		
WALPER, FRANK			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
325 JOHN KNOX RD.			2615	N. Monroe St.	
M-240			83	- 200	
- TALLAHASSEE FL 3230:	3		84 City	e 200 85 Zir	Code
·			f fem	shaccos FL 122	303
11. Pursuant to the provisions o	Sections 617.0502 and 617.1	1508, Florida Statut	es, the above-named co	orporation submits this statement for the purpose of changing	its registered
agent. I am familiar with, an	d accept the obligations of, Se	ection 617.0503, Fk	orida Statutes.	orporation submits this statement for the purpose of changing ration's board of directors. I hereby accept the appointment a	o rogistorea
SIGNATURE					
Signature, typed or prints	d name of registered agent and title it app	plicable. (NOT	E: Registered Agent signature rec	puired when reinstating) DATE	
48	OFFICEDO AND DIDEOTO	DO.			DC IN 10
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE C		rs Delete	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	
TITLE C NAME MICA, DAVID	R.		13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change Chuck Hinson	
TITLE C MICA, DAVID STREET ADDRESS 215 S MONR	R. OE STREET SUITE 800		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change Chuck Hinson 101 N. Monroe St. #1060	
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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 ennual report or supplemental ennual 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP