


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90080 013 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N37257</b> 1. Corporation Name <b>KEEP FLORIDA BEAUTIFUL, INC.</b>			
Principal Place of Business 2615 N MONROE ST 200 TALLAHASSEE FL 32303 US		Mailing Address 2615 N MONROE ST 200 TALLAHASSEE FL 32303 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/26/1990</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3022345</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>WALPER, FRANK</b> 2615 N MONROE ST STE 200 TALLAHASSEE FL 32303				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HINSON, CHUCK			1.2 NAME	Snyder, Kim		
STREET ADDRESS	101 N MONROE ST #1060			1.3 STREET ADDRESS	1439 S. 8th Street		
CITY-ST-ZIP	TALLAHASSEE FL 32301			1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LYNDA, LONG			2.2 NAME	Lawyer, Ivan		
STREET ADDRESS	2700 NW 48TH ST			2.3 STREET ADDRESS	P.O. Box 268		
CITY-ST-ZIP	POMPANO BCH FL 33073			2.4 CITY-ST-ZIP	Goldenrod, FL 32733		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TONKIN, JOHN			3.2 NAME			
STREET ADDRESS	304 PARK AVE NE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32570			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRAKE, BARBARA			4.2 NAME			
STREET ADDRESS	1614 S EDGEWATER AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JAX FL 32205			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUGGAN, TAM			5.2 NAME			
STREET ADDRESS	2041 SOUTHEAST 5TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			5.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHELTON, RICHARD T.			6.2 NAME			
STREET ADDRESS	336 E. COLLEGE AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED**

1/26/99

850-385-1628

Date

Daytime Phone #

CR2E037 (11/98)