

DOCUMENT # N37257

1. Entity Name

KEEP FLORIDA BEAUTIFUL, INC.**FILED**
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90054 025 ****61.25

Principal Place of Business

Mailing Address

2615 N MONROE ST
200
TALLAHASSEE FL 32303
US2615 N MONROE ST
200
TALLAHASSEE FL 32303-4027
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3022345

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALPER, FRANK
2615 N MONROE ST
STE 200
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SNYDER, KIM**
STREET ADDRESS **1939 S. 8TH ST.**
CITY-ST-ZIP **FERNANDINA BCH. FL 32034**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LAWYER, IVAN**
STREET ADDRESS **PO BOX 268**
CITY-ST-ZIP **GOLDENROD FL 32733**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **TONKIN, JOHN**
STREET ADDRESS **304 PARK AVE NE**
CITY-ST-ZIP **MILTON FL 32570**TITLE ☐ Change ☒ Addition
NAME **Chairman**
STREET ADDRESS **Chuck Hinson**
CITY-ST-ZIP **101 N. Monroe St. Suite 1010**
Tallahassee FL 32301TITLE **D** ☒ Delete
NAME **DRAKE, BARBARA**
STREET ADDRESS **1614 S EDGEWATER AVE**
CITY-ST-ZIP **JAX FL 32205**TITLE ☐ Change ☐ Addition
NAME **Vice Chairman**
STREET ADDRESS **Shane McIntosh**
CITY-ST-ZIP **141 5TH St. N.**
Naples, FL 34102TITLE **D** ☐ Delete
NAME **DUGGAN, TAM**
STREET ADDRESS **2041 SOUTHEAST 5TH ST**
CITY-ST-ZIP **OCALA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DT** ☐ Delete
NAME **SHELTON, RICHARD T.**
STREET ADDRESS **336 E. COLLEGE AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

1/5/00 (850) 385-1528

CR2FC037 (9/99)