

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N46797**

1. Corporation Name

**KEEP PINELLAS COUNTY BEAUTIFUL, INC.**

Principal Place of Business

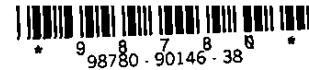
**2144 SUNNYDALE BLVD.  
CLEARWATER FL 33765  
US**

Mailing Address

**2144 SUNNYDALE BLVD.  
CLEARWATER FL 33765  
US**

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90146 038 \*\*\*\*70.00



2. Principal Place of Business

**21** Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

**01/13/1992**

4. FEI Number

**65-0309717**

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

9. Name and Address of Current Registered Agent

**LAPORTE, ANTHONY J  
2144 SUNNYDALE BLVD.  
CLEARWATER FL 33765**

10. Name and Address of New Registered Agent

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

12.

OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE  
NAME **PINTA, THOMAS J**  
STREET ADDRESS **2144 SUNNYDALE BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **VCD** ☒ DELETE  
NAME **LAPORTE, ANTHONY J**  
STREET ADDRESS **2144 SUNNYDALE BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **STD** ☐ DELETE  
NAME **MAXWELL, LOIS**  
STREET ADDRESS **2144 SUNNYDALE BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☒ DELETE  
NAME **PINTA, EUNICE**  
STREET ADDRESS **1425 MAIN STREET, UNIT N**  
CITY-ST-ZIP **DUNEDIN FL**

TITLE **D** ☒ DELETE  
NAME **STORY, MARY R**  
STREET ADDRESS **2144 SUNNYDALE BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☒ DELETE  
NAME **BALDWIN, RAND**  
STREET ADDRESS **2144 SUNNYDALE BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 33765**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman/Director** ☒ Change ☐ Addition  
1.2 NAME **Dorothea Swint**  
1.3 STREET ADDRESS **2144 Sunnydale Blvd.**  
1.4 CITY-ST-ZIP **Clearwater, FL 33765**

2.1 TITLE **Vice Chairman/Director** ☒ Change ☐ Addition  
2.2 NAME **Mary Story**  
2.3 STREET ADDRESS **2144 Sunnydale Blvd.**  
2.4 CITY-ST-ZIP **Clearwater, FL 33765**

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

4.1 TITLE **Director** ☒ Change ☐ Addition  
4.2 NAME **Eric James**  
4.3 STREET ADDRESS **2144 Sunnydale Blvd.**  
4.4 CITY-ST-ZIP **Clearwater, FL 33765**

5.1 TITLE **Director** ☒ Change ☐ Addition  
5.2 NAME **Mark Beamer**  
5.3 STREET ADDRESS **2144 Sunnydale Blvd.**  
5.4 CITY-ST-ZIP **Clearwater, FL 33765**

6.1 TITLE **Director** ☒ Change ☐ Addition  
6.2 NAME **Fred Vimond**  
6.3 STREET ADDRESS **2144 Sunnydale Blvd.**  
6.4 CITY-ST-ZIP **Clearwater, FL 33765**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(3)(f), 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:

**Lois Maxwell, Sec. Treasurer**

1/5/99

727-467-2740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)