

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48003** (0)

1. Corporation Name

KEEP PUTNAM BEAUTIFUL, INC.



Principal Place of Business

Mailing Address

505 ST JOHNS AVE
PALATKA FL 32177
US

P. O. BOX 790
E. PALATKA FL 32131
US

3. Date Incorporated or Qualified
03/24/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **216 Reid St.**

2a. Mailing Address
26

4. FEI Number
59-3112168

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23 **Palatka, Fl. 32177**

City & State
28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 **32177**

Country
25 **U.S.A.**

Zip
29

Country
30

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

**POVLICH, KATHRYN A
116 E. MAIN ST.
POMONA PARK FL 32181**

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

Kathryn A Povlich

Kathryn A. Povlich

March 11, 1996

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLISSITT, CHARLES	1.2 NAME	
STREET ADDRESS	300 S 13TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, DEBBIE	2.2 NAME	
STREET ADDRESS	331 STOKES LANDING RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, TERRIE	3.2 NAME	David Clapp
STREET ADDRESS	2605 FAIRWAY DR.	3.3 STREET ADDRESS	109 South 3rd.
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	Palatka, Fl. 32177
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Charles Blissitt

Charles Blissitt

3-13-96

325-9598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)