

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # N48003**

1. Corporation Name

KEEP PUTNAM BEAUTIFUL, INC.						
Principal Place of Business	Mailing Address					
205 N 2ND STREET PALATKA FL 32177 US	P. O. BOX 790 E. Palatka FL 32131 US					
Principal Place of Business 121	2a. Mailing Address	<u> </u>				

FILED Feb 20, 1999 8:00 am § Secretary of State

02-20-1999 90051 012 ****70.00

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Principal Place	e of Business	Ма	iling Address									
205 N 2ND ST	REET		O. BOX 790						181 19 (11) 919(2 818)			
PALATKA FL 3	2177		PALATKA FL 32131									
US		US					''"		10166 4111 01011 01011		,,, ,,,,,,	
2. Principal P	lace of Business	2a.	Mailing Address				3. Date Inc	corporated or Qualife	ed			
21	ideo of papinoso	26					03/24/	/1992				l
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				4. FEI Nur				Appl	ied For
22		27	• •				59-31	12168			Not	Applicable
City & State	e		City & State				E Cartifor	to of Ctatus Desired	*5/	\$8.7	75 Ac	Iditional
23		28					5. Certifica	te of Status Desired	X	Fe	e Req	uired
Zip	Country		Zip	Cou	intry		6. Election	Campaign Financir	¹g □	\$ 5.	.00 M	lay Be
24	25	29		30				und Contribution			ded to	Fees
	9. Name and Address of Curr	ent Regist	ered Agent	- ' ',			10. Name a	and Address of Nev	w Registered A	gent		
					81	Name			•			
POVI ICH	KATHRYN A				82	Street Add	dress (P.O. Box	Number is Not Acce	ptable)			
116 E. MA					-	00017.00						
	PARK FL 32181				83							
FUMUIA	FARRIE SZIOI				84	City				85	Zip Co	rde
					04	City			FL	00	Zip O	333
11. Pursuant	to the provisions of Sections 617.0	502 and 61	17.1508, Florida Statut	es, the a	bove	-named cor	rporation submits	s this statement for t	he purpose of o	hangin	g its r	egistered
office or r	to the provisions of Sections 617.0 egistered agent, or both, in the Stal m familiar with, and accept the obli	te of Florid	la. Such change was a	utnonzec	זעמנ	ine corporat	tion's board of d	rectors. I nereby ac	cept the appoin	unenta	ıs regi	Siereu
	2 1 4	2.1.	L K	1 + h	ru	u A	Parlic	h	1/29/	199		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if	applicable. (NOTE	Registered	Agent	signature requi	ired when reinstating)		DATE			
12.	OFFICERS A	AND DIRE	CTORS	13.			ADDITIO	NS/CHANGES TO	OFFICERS ANI			
TITLE	CD		☐ DELETE	1.1 TI	TLE					☐ Cha	inge	☐ Addition
NAME	GRIFFETH, JAMES			1.2 NA	AME.							
STREET ADDRESS	107 CARRIAGE PALCE			1.3 \$7	TREET.	ADDRESS						
CITY-ST-ZIP	PALATKA FL 32177			1.4 CI	TY-ST	-ZIP						—
TITLE	SD		☐ DELETE	2.1 Tt	LLTE (☐ Cha	nge	☐ Addition
NAME	BANKS, DEBBIE			2.2 N	AME							
STREET ADDRESS	331 STOKES LANDING RD			2.3 ST	TREET	ADDRESS						
CITY-ST-ZIP	PALATKA FL 32177			2.4 C	ITY-SI	T-ZIP						
TITLE	TD		☐ DELETE	3.1 TI	TLE				•	. Cha	ınge	Addition
NAME	CLAPP, DAVID			3.2 N	AME							
STREET ADDRESS				3.3 ST	TREET	ADDRESS				•		
CITY-ST-ZIP	PALATKA FL 32177			3.4. C	CITY-S1	T-ZIP						··
TITLE	VCD		☐ DELETE	4.1 🏋	TLE					Cha	ınge	☐ Addition
NAME	MOORE, BONNIE			4. 2 N	AME							
STREET ADDRESS				4.3 \$1	TREET	ADDRESS						
CITY-ST-ZIP	HOLLISTER FL 32147			4.4 CI	ITY-ST	-ZIP						
TITLE	119229721112		☐ DELETE	5.1 TI	TLE					Cha	ınge	☐ Addition
NAME				5.2 N	AME							
STREET ADDRESS				5.3 ST	TREET	ADDRESS						
CITY-ST-ZIP				5.4 CI	ITY-ST	-ZIP			· · · · · · · · · · · · · · · · · · ·			
TITLE			☐ DELETE	6.1 TI	TLE					☐ Cha	ınge	☐ Addition
NAME				6.2 N	AME		•					
OTOGET ADDOCESS				6.3 ST	TREET	ADDRESS						

Thereby 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP