

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 # N94000004821 (4)

1. Corporation Name

KEEP LAKE COUNTY BEAUTIFUL, INC.



Principal Place of Business

Mailing Address

13130 ASTATULA LANDFILL RD
TAVARES FL 32778

13130 ASTATULA LANDFILL RD
TAVARES FL 32778

3. Date Incorporated or Qualified
09/26/1994

3a. Date of Last Report
09/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBBINGS, BARBARA J
13130 ASTATULA LANDFILL RD
TAVARES FL 32778

81 Name **SCOTT D. HARPER**

82 Street Address (P.O. Box Number is Not Acceptable)
13130 ASTATULA LANDFILL RD

83

84 City **TAVARES**

FL

85 Zip Code
32778

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

Scott D. Harper

SCOTT D. HARPER

17 JAN 96

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **RAY GILLEY**
STREET ADDRESS **583 E. HIGHWAY 434**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ DELETE
NAME **ROB MCKEE**
STREET ADDRESS **225 W. GUAVA STREET**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **D** ☐ DELETE
NAME **SANDY BAUM**
STREET ADDRESS **30205 S.R. 19**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ DELETE
NAME **TERA SAYLOR**
STREET ADDRESS **359 E. BURLEIGH BLVD**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Greg Beliveau**
1.3 STREET ADDRESS **2001 Old U.S. Highway 441**
1.4 CITY-ST-ZIP **Mount Dora FL 32757**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Greg Beliveau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96
Date

393-1444
Daytime Phone #

CR2E037 (12/95)