

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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

Principal Place of Business Mailing Address
c/o Lake County Solid Waste Mgmt. Dept.
P.O. Box 7800
Tavares, FL 32778 SAME

3. Date Incorporated or Qualified 09/26/1994
3a. Date of Last Report 07/28/95

2. Principal Place of Business
21 520 CR 44 East
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 187
Suite, Apt. #, etc.

4. FEI Number 59-3270540
Applied For Not Applicable

22 City & State
Eustis, FL

27 City & State
Tavares, FL

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

23 Zip Country
32757 US

28 Zip Country
32778 US

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Ms. Barbara J. Gibbings
13130 Astatula Landfill Road
Tavares, FL 32778

10. Name and Address of New Registered Agent

81 Name Ms. Norma Sleczkowski
82 Street Address (P.O. Box Number is Not Acceptable) 520 SR 44 E
83
84 City Eustis FL 85 Zip Code 32726

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 *Norma Sleczkowski*
Signature typed or printed name of registered agent and title if applicable

June 19, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	Chairman	<input checked="" type="checkbox"/> DELETE
NAME	Mr. Ray Gilley "D"	
STREET ADDRESS	583 E. Highway 434	
CITY-ST-ZIP	Longwood, FL 32750	<input type="checkbox"/> DELETE
TITLE	Vice Chairman	
NAME	Mr. Bob McKee "D"	
STREET ADDRESS	225 West Guava Street	
CITY-ST-ZIP	Lady Lake, FL 32159	<input type="checkbox"/> DELETE
TITLE	Secretary	
NAME	Ms. Sandy Baum "D"	
STREET ADDRESS	30205 SR 19, Tavares, FL 32778	
CITY-ST-ZIP	Treasurer	<input type="checkbox"/> DELETE
TITLE	Ms. Tera Saylor "D"	
NAME	359 East Burleigh Blvd.	
STREET ADDRESS	Tavares, FL 32778	<input type="checkbox"/> DELETE
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mr. James L. Scott "D"	
1.3 STREET ADDRESS	8130 CR 44, Leg A	
1.4 CITY-ST-ZIP	Leesburg, FL 34788	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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, changed or not an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 19, 1996

(352) 787-9601

Date

Daytime Phone #

CR2E037 (3/96)