

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 03 1997 8:00am
Secretary of State

DOCUMENT # N94000004821 (4)

1. Corporation Name

KEEP LAKE COUNTY BEAUTIFUL, INC.



Principal Place of Business

Mailing Address

520 CR 44 EAST
EUSTIS FL 32757

P.O. BOX 187
TAVARES FL 32778-0187

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
09/26/1994

3a. Date of Last Report
02/05/1996

4. FEI Number

59-3270540

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

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

SLECZKOWSKI, NORMA
520 CR 44 EAST
EUSTIS FL 32757

81 Name

JOE NORMAN

82 Street Address (P.O. Box Number is Not Acceptable)

520 CR 44 East

83

84 City

Eustis

FL

85 Zip Code

32757

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

Joe Norman, Coordinator

April 22, 1997

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 ☐ DELETE
NAME CD
STREET ADDRESS SCOTT, JAMES L
CITY-ST-ZIP 8130 CR 44, LEG A
LEESBURG FL 34788

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS BOB MCKEE
2.4 CITY-ST-ZIP 319 West Main Street

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS TAVARES, FL 32778
3.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS GREG SMITH
4.4 CITY-ST-ZIP 750 North Central Avenue
Umatilla, FL 32784

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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.

SIGNATURE

CR2E037 (9/96)