


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004821 (4)**

1. Corporation Name

KEEP LAKE COUNTY BEAUTIFUL, INC.



Principal Place of Business 520 CR 44 EAST EUSTIS FL 32757	Mailing Address P.O. BOX 187 TAVARES FL 32778
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3. Date Incorporated or Qualified

09/26/1994

4. FEI Number

59-3270540

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORMAN, JOE
520 CR 44 EAST
EUSTIS FL 32757**

81 Name

Greg Smith

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

Greg Smith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

February 5, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD	<input checked="" type="checkbox"/> DELETE
NAME SCOTT, JAMES L	
STREET ADDRESS 8130 CR 44, LEG A	
CITY-ST-ZIP LEESBURG FL 34788	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MCKEE, BOB	
STREET ADDRESS 319 W MAIN ST	
CITY-ST-ZIP TAVARES FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SANDY BAUM	
STREET ADDRESS 30205 S.R. 19	
CITY-ST-ZIP TAVARES FL 32778	
TITLE D	<input type="checkbox"/> DELETE
NAME SMITH, GREG	
STREET ADDRESS 750 N CENTRAL AVE	
CITY-ST-ZIP UMATILLA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Norman, Joe	
1.3 STREET ADDRESS 520 CR 44 East	
1.4 CITY-ST-ZIP Eustis, FL. 32757	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Newman, Barbara	
2.3 STREET ADDRESS 1118 Glenridge Dr.	
2.4 CITY-ST-ZIP Leesburg, FL. 34778	
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	

14. I 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: *Greg Smith*

2-5-98

CR2E037 (10/97)