

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000001762 (2)**

1. Corporation Name

**KEEP HIGHLANDS COUNTY BEAUTIFUL, INC.**



Principal Place of Business

4344 GEORGE BLVD.  
SEBRING FL 33872

Mailing Address

4344 GEORGE BLVD.  
SEBRING FL 33872

3. Date Incorporated or Qualified  
**04/10/1995**

3a. Date of Last Report

4. FEI Number  
**65-0580849**

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

2. Principal Place of Business

21 **3200 US 27 S**

Suite, Apt. #, etc.

22 **Suite 400A**

City & State

23 **Sebring, FL**

Zip

24 **33870**

Country

25 **USA**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MACBETH, J. ROSS  
2543 U.S. 27 S.  
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name

**Peggy Melvin**

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

**3200 US 27 S**

83

**Suite 400A**

84 City

**Sebring**

**FL**

85 Zip Code  
**33870**

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

*Peggy Melvin*

Signature of registered agent and title (agent only)

**Peggy Melvin, Executive Director**

Signature of registered agent and title (agent only)

**4/25/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Bert Harris, III</b>	
13 STREET ADDRESS	<b>212 Interlake Blvd.</b>	
14 CITY - ST - ZIP	<b>Lake Placid, FL 33852</b>	
21 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Donald Appelquist</b>	
23 STREET ADDRESS	<b>2454 South Lake Letta Drive</b>	
24 CITY - ST - ZIP	<b>Avon Park, FL 33825</b>	
31 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Robert Harrington</b>	
33 STREET ADDRESS	<b>4200 Appaloosa Road</b>	
34 CITY - ST - ZIP	<b>Sebring, FL 33872</b>	
41 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>James Baker</b>	
43 STREET ADDRESS	<b>1427 Katcalani</b>	
44 CITY - ST - ZIP	<b>Sebring, FL 33870</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, changed, or on an attachment with an address.

SIGNATURE:

*Robert Harrington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Harrington**

**4/24/96**

DATE

**941-452-1722**

Customer Phone #

CR2E037 (12/95)