

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001762 (2)

1. Corporation Name

KEEP HIGHLANDS COUNTY BEAUTIFUL, INC.



Principal Place of Business

Mailing Address

3200 US 27 SOUTH
SUITE 400A
SEBRING FL 33870
US4344 GEORGE BLVD.
SEBRING FL 33872-58033. Date Incorporated or Qualified
04/10/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 6000 Skipper Road

26 PO Box 4355

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sebring, FL

28 Sebring, FL

Zip

Country

Zip

Country

24 33870

25 USA

29 33871

30 USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

MELVIN, PEGGY
3200 US 27 SOUTH
SUITE 400A
SEBRING FL 3387081 Name
Chapman, Peggy82 Street Address (P.O. Box Number is Not Acceptable)
6000 Skipper Road

83

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 Chapman*

Peggy Chapman

1/22/97

Signature (print 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 | PD | <input type="checkbox"/> DELETE |
| NAME | HARRIS, III B | |
| STREET ADDRESS | 212 INTERLAKE BLVD | |
| CITY-ST-ZIP | LAKE PLACID FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | APPELQUIST, DONALD | |
| STREET ADDRESS | 2454 SOUTHLAKE LETTA DRIVE | |
| CITY-ST-ZIP | AVON PARK FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | HARRINGTON, ROBERT | |
| STREET ADDRESS | 4200 APPALOOSA ROAD | |
| CITY-ST-ZIP | SEBRING FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BAKER, JAMES | |
| STREET ADDRESS | 1427 KATCALANI | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Harrington, Robert | |
| 1.3 STREET ADDRESS | 913A US 27 S | |
| 1.4 CITY-ST-ZIP | Avon Park, FL 33825 | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Rhoades, Clifford | |
| 2.3 STREET ADDRESS | 227 N. Ridgewood Drive | |
| 2.4 CITY-ST-ZIP | Sebring, FL 33870 | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Reed, Christy | |
| 3.3 STREET ADDRESS | 6000 Skipper Road | |
| 3.4 CITY-ST-ZIP | Sebring, FL 33870 | |
| 4.1 TITLE | D | <input checked="" 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

(941) 655-9116

Date

Daytime Phone # 0054436

CR2E037 (9/96)