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Aug 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000001762 (2)
1. Corporation Name

KEEP HIGHLANDS COUNTY BEAUTIFUL, INC.



Principal Place of Business 6000 SKIPPER ROAD SUITE 400A SEBRING FL 33870 US	Mailing Address P.O BOX 4355 SEBRING FL 33871 US	3. Date Incorporated or Qualified 04/10/1995
		4. FEI Number 65-0580849
		Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 6000 SKIPPER ROAD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28 SEBRING FLORIDA	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip 29 33870-5951	Country 30 HIGHLANDS	

9. Name and Address of Current Registered Agent THOMAS DEER CHAPMAN BROOK 6000 SKIPPER ROAD SUITE 400A SEBRING FL 33870		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HARRINGTON, ROBERT <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, ROBERT	1.2 NAME	Thomas Deer
STREET ADDRESS	913A US 27 S.	1.3 STREET ADDRESS	313 Cloverleaf Rd
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE VPD	RHOADES, CLIFFORD <input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHOADES, CLIFFORD	2.2 NAME	Bert Harris
STREET ADDRESS	227 N. RIDGEWOOD DRIVE	2.3 STREET ADDRESS	212 Interlake Blvd.
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	Lake Placid, FL. 33852
TITLE SD	REED, CHRISTY <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, CHRISTY	3.2 NAME	
STREET ADDRESS	6000 SKIPPER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE D	BAKER, JAMES <input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JAMES	4.2 NAME	Don Applegquist
STREET ADDRESS	1427 KATCALANI	4.3 STREET ADDRESS	23 E. Main St.
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	Avon Park, FL. 33825
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* 4/1/98

CR2E097 (10/97)