SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500001762

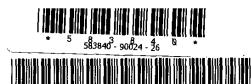
1. Corporation Name

KEEP HIGHLANDS COUNTY BEAUTIFUL, INC.

Principal Place of Business	Mailing Address			
6000 SKIPPER ROAD SUTE 400A SEBRING FL 33870 US	6000 SKIPPER ROAD SEBRING FL 33870-5951 US			

## FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90024 026 \*\*\*\*61.25



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		To a way			2 2 2 4 4 2 2 2 2 2 2	<u></u>		<del></del>
2. Principal P	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualife 04/10/1995	a		ı
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Арр	lied For
22		27			65-0580849		. Not	Applicable
City & Stat	te	City & State			5. Certificate of Status Desired		\$8.75 A	
23		28					Fee Rec	<del>`</del>
—, Zip —,	Country	Zip _	Countr	У	6. Election Campaign Financing	<b>3</b> 🗆	\$5.00 N	
24	9. Name and Address of Current	<del></del>	10		Trust Fund Contribution  10. Name and Address of New	Registered	Added to	rees
	5. Name and Address of Current	r Kadisteran Adeir	8	Name			- agont	
DEER, TI	HOMAS				MIKE LIBENHAR	<u>/</u>		
	HUMAS IPPER ROAD		8:	2 Street A	ddress (P.O. Box Number is Not Acception of the Control of the Con	otable)		
	FL 33870		8:	3	WOOD SAIFFER			
SEBRING	3 FL 33070		L				10-1 m 0	
			8		SEBRING	FL	85 338	<u> </u>
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	and 617.1508, Florida Statutes	, the abo	ve-named o	orporation submits this statement for the	e purpose of	changing its r	egistered
agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligati	ions of Section 617.0503, Florid	ia Statute	y the corpor is.	adon's board of directors. Thereby acc	epi ilie appoil		ISCENCE
SIGNATURE	while t	w				7/1/	99	
	Signature, typed or printed name of registered agent			ent signature rec	uired when reinstating)	DATE	A B DESTAL	20 124 40
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN	Change	Addition
MLE	PD THOMAS	☐ DETE IE	1.1 TITLE				□ Cuange	LJ Addition
NAME	DEER, THOMAS		1.2 NAME					
STREET ADDRESS				ET ADDRESS				
mle	LAKE PLACID FL 33852 VPD	☐ DELETE	1.4 CITY- 2.1 TITLE			··	Change	Addition
NAME	HARRIS, BERT		2.7 NAME					
STREET ADDRESS		v.		ET ADDRESS				
OTTY-ST-ZIP	LAKE PLACID FL 33852		2.4 CITY		-			
MTLE	T	☐ DELETE	3.1 TITLE				☐ Change	Addition
AME	APPLEQUIST, DON		3,2 NAME					
STREET ADDRESS	23 E. MAIN ST		3.3 STREI	ET ADDRESS				ļ
JTY-ST-ZIP	AVON PARK FL 33825		3.4. CITY-	ST-ZIP				]
πLE	DANG BENTLY	SEC DELETE	4.1 TITLE				☐ Change	☐ Addition
IAME	LAD W COLLEGE	OR .	4, 2 NAME	: )				
TREET ADDRESS	400 W. Cone 30 2	,, <u>, , , , , , , , , , , , , , , , , ,</u>	4.3 STREI	ET ADDRESS				l
/TY-ST-ZIP	DOPIS GENTRY: 400 W. COLLEGEL ANON PAPIL FI		4.4 CITY-	ST-ZIP				
M.E		☐ DELETE	5.1 TITLE				Change	☐ Addition
AME			5.2 NAME					ĺ
TREET ADDRESS				ET ADDRESS				
ITY-ST-ZIP		Deceme	5.4 CITY-				Channe	/ Addition
ITLE	1	☐ DELETE	6.1 TITLE				Change	Addition
AME			6.2 NAME	1				{
TREET ADDRESS				ET AODRESS				
ITY-ST-ZIP	l		6.4 CITY-	ST-ZIP				{

4. 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, with all other like empowered.

**SIGNATURE:** 



7/1/99 (941) 386-6104

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