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Jul 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000458 (7)
1. Corporation Name
LAKELAND CLEAN AND BEAUTIFUL, INC.



Principal Place of Business: 501 EVELYN AVENUE, LAKELAND FL 33801
Mailing Address: 501 EVELYN AVENUE, LAKELAND FL 33801-2065

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	407 FAIRWAY AVE	26	407 FAIRWAY AVE	01/25/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number		Applied For	
				59-3252884		Not Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
LAKELAND, FL		LAKELAND, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
33801	Country	33801	Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	USA		USA				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARKS, JOHN P WENDEL, CHRITTON & PARKS, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813				81	Name		
				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	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	FRANK O'REILLY <input checked="" type="checkbox"/>
STREET ADDRESS		1.3 STREET ADDRESS	100 S. KENTUCKY AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARY ANN JONES <input checked="" type="checkbox"/>
STREET ADDRESS		2.3 STREET ADDRESS	P.O. BOX 407
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAKELAND, FL 33802 N/A
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VICE CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BO JACKSON <input checked="" type="checkbox"/>
STREET ADDRESS		3.3 STREET ADDRESS	4006 S. FLORIDA AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	NANCY BENNETT <input checked="" type="checkbox"/>
STREET ADDRESS		4.3 STREET ADDRESS	228 S. MASSACHUSETTS AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	EXECUTIVE COORDINATOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SHARON SIEGEL <input checked="" type="checkbox"/>
STREET ADDRESS		5.3 STREET ADDRESS	407 FAIRWAY AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	800002230908 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-07/07/97--01003-423
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JL

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: Sharon Siegel SHARON SIEGEL 4-29-97 941-143-1307

CR2E037 (9/96)