

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003069 (9)**

1. Corporation Name

KEEP FRANKLIN COUNTY BEAUTIFUL, INC.



Principal Place of Business 33 MARKET STREET, SUITE 203 APALACHICOLA FL 32320	Mailing Address 33 MARKET STREET, SUITE 203 APALACHICOLA FL 32320
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3. Date Incorporated or Qualified 06/07/1996
4. FEI Number NOT APPLICABLE
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P O Box 120
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Eastpoint, FL
24 Zip	29 32328
Country	30 Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
GOLDEN, DEEDRE A 17-7TH STREET EASTPOINT FL FL323-28	

10. Name and Address of New Registered Agent	
81 Name Guy Hogan	85 Zip Code 32328
82 Street Address (P.O. Box Number is Not Acceptable) 319 Cherry St.	
83	
84 City Eastpoint	85 State FL

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 **Guy Hogan, Coordinator** *Guy Hogan* **1/14/98**
Signature, typed or printed name of registered agent and title if applicable. (If not, 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SISUNG, JIM	1.2 NAME	
STREET ADDRESS	627 WEST HWY 98	1.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD ALLEN, MICHAEL	2.2 NAME	
STREET ADDRESS	6 ISLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD SISUNG, LIZ	3.2 NAME	
STREET ADDRESS	627 WEST HWY 98	3.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Treasurer/Director
STREET ADDRESS		4.3 STREET ADDRESS	Donnie Gay
CITY-ST-ZIP		4.4 CITY-ST-ZIP	274 N Bay Shore
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	Pam Vest
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1499 E. Gulf Beach DR.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Director
STREET ADDRESS		6.3 STREET ADDRESS	Cindy Hogan
CITY-ST-ZIP		6.4 CITY-ST-ZIP	198 Old Ferry Dock RD.

1.5 CITY-ST-ZIP	
2.5 CITY-ST-ZIP	
3.5 CITY-ST-ZIP	
4.5 CITY-ST-ZIP	
5.5 CITY-ST-ZIP	
6.5 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(3)(b), 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: **Liz Sisung, Sec.** *Liz Sisung* **1/12/98** **(850) 670-8261**

CR2E037 (1097)