

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90119 018 \*\*\*\*61.25

DOCUMENT # N96000003069

1. Corporation Name

KEEP FRANKLIN COUNTY BEAUTIFUL, INC.

Principal Place of Business  
33 MARKET STREET, SUITE 203  
APALACHICOLA FL 32320

Mailing Address  
P O BOX 120  
EASTPOINT FL 32328  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
06/07/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOGAN, GUY  
319 CHERRY ST  
EAST POINT FL 32328

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD  
NAME SISUNG, JIM  
STREET ADDRESS 627 WEST HWY 98  
CITY-ST-ZIP EASTPOINT FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME ALLEN, MICHAEL  
STREET ADDRESS 6 ISLAND DRIVE  
CITY-ST-ZIP EASTPOINT FL

2.1 TITLE  
2.2 NAME Cora Russ  
2.3 STREET ADDRESS 198 5th Street  
2.4 CITY-ST-ZIP Apalachicola, FL 32320

TITLE SD  
NAME SISUNG, LIZ  
STREET ADDRESS 627 WEST HWY 98  
CITY-ST-ZIP EASTPOINT FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME GAY, DONNIE  
STREET ADDRESS 274 N BAY SHORE  
CITY-ST-ZIP EASTPOINT FL 32328

4.1 TITLE  
4.2 NAME Beth Moseley  
4.3 STREET ADDRESS 120 Old Ferry Dock Rd.  
4.4 CITY-ST-ZIP Eastpoint, FL 32328

TITLE D  
NAME VEST, PAM  
STREET ADDRESS 1499 E GULF BEACH DR  
CITY-ST-ZIP ST GEORGE ISLAND FL 32328

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME HOGAN, CINDY  
STREET ADDRESS 198 OLD FERRY DOCK RD.  
CITY-ST-ZIP EASTPOINT FL 32328

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99 (950)670-8261

CR2E037 (1/98)