2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **N96000003069** May 24, 2000 8:00 am 1. Entity Name Secretary of State KEEP FRANKLIN COUNTY BEAUTIFUL, INC. 05-24-2000 90003 044 ****70.00 Principal Place of Business Mailing Address 33 MARKET STREET. SUITE 203 P O BOX 120 EASTPOINT FL 32328-0120 APALACHICOLA FL 32320 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State NOT APPLICABLE Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Donnie HOGAN, GUY 319 CHERRY ST EAST POINT FL 32328 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Addition PD Delete TITLE 5H 5 NAME NAME SISUNG, JIM STREET ADDRESS STREET ADDRESS **627 WEST HWY 98** CITY-ST-ZIP CITY-ST-ZIP **EASTPOINT FL** ☐ Addition TITLE (VD) TITLE **VD** Delete NAME NAME RUSS, CORA STREET ADDRESS STREET ADDRESS 198 5TH ST ----CITY-ST-ZIP CITY-ST-ZIP APALACHICOLA FL 32320 TITLE SD Delete TITLE SISUNG, LIZ NAME NAME STREET ADDRESS STREET ADDRESS **627 WEST HWY 98** CITY-ST-ZIP CITY-SI-ZIP EASTPOINT FL ☐ Addition ☐ Delete TITLE TITLE σT NAME NAME MOSELEY, BETH STREET ADDRESS STREET ADDRESS 120 OLD FERRY DOCK RD CITY-ST-ZIP CITY-ST-ZIP EASTPOINT FL 32328 TITLE ☐ Addition TITLE Delete NAME NAME vest, pam 1712 Ave. E STREET ADDRESS STREET ADDRESS 1499 E GULF BEACH DR CITY-ST-ZIP CITY-ST-ZIP ST GEORGE ISLAND FL 32328 ☐ Addition ☐ Delete TITLE HOGAN, CINDY NAME NAME STREET ADDRESS STREET ADDRESS 198 OLD FERRY DOCK RD.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

EASTPOINT FL 32328

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

4/27/00

Daytime Phone #