FILE NOW: FILING FEE IS \$61.25

NONPROFIT-**CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000003247 (1)

KEEP TRI-COUNTIES BEAUTIFUL, INC.

FILED Jun 05 1997 8:00am Secretary of State



Principal Place of Business				Mailing Address									
ROUTE 1. BOX 375 RAIFORD FL 32083				P.O. BOX 647 RAIFORD FL 32083-0647									
								3	3. Date Incorpor 06/18/19	ated or Qualified 196	3a. Date of L	ast Repo	rt
2. Principal Place of Business				2a. Mailing Address				4	4. FEI Number			Applie	d For
21				26							7	Not A	pplicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of S	Status Desired	□ \$8.	75 Addi	itional
22				27				•	b. Certificate of a	maius Desireu	Fe Fe	e Requi	red
City & State				City & State				6	6. Election Camp	aign Financing	\$5	.00 Ma	у Ве
23			28	28					Trust Fund Co	ntribution	☐ Ao	ded to F	99S
Zip	Country			_ 			Country		•	on has fiability fo <u>r in</u>	ntangible tax und	der s. 19	9.032,
24		25	29			00			Florida Statute		Yes X No		
	9. Name	and Address of	Current Regi	istered Agent			1 41		D. Name and Ac	idress of New Reg	istered Agent		
						8.	Name	е					
CROFT, JAMES ROUTE 1, BOX 375				82			Street	et Address (P.O. Box Number is Not Acceptable)					
	FL 32083					83	1						
•						84	City				FL 85	Zıp Cod	ie
11. Pursuant t	to the provis	lons of Sections €	17.0502 and	617.1508, Flor	ida Statutes	s, the above	/e-name	d corporati	ion submits this s	statement for the piers. I hereby accep		ing its re	gistered
agent. I a	m familiar w	ith, and accept th	e obligations	of, Section 617	7.0503, Flori	ida Statute	is.	прогаціон в	Doard of directo	яв. т пегеру ассер	тие арропины	n as reg	istered
SIGNATURE .	Signature typed	or printed name of regis	lored eccet and tit	lo il ecolicable	(A)OTE:	Pogietorad A	ont clanate	ure required who	an reinstation)		DATE		
12,	Oignations, typos		RS AND DIRE		(NOTE:	13.	Jent algitato	NO TOQUEOU WITH		ANGES TO OFFIC		CTORS IN	V 12
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		TLER FL 32054				1	T ADDRESS	' [}
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CITY-ST-ZIP	ALACHU	A FL 32615				6.4 CITY-	ST-ZIP						

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.

Danieffe Gordon Rt. 3, Box 1074B Macclenny, FL 32063

Irma Ciyatt
Rt. 2, Box 260
Lake Butler, FL 32054

Louise Hodges Rt. 2, Box 1216 Glen St. Mary, FL 32040

Blair Roberts
Rt. 4, Box 3450
Lake Butler, FL 32054

Vanzetta Thomas Rt.5, Box 4884 Lake Butler, FL 32054

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Starke, FL 32091

Hugh Bicksler 512 E. Nona St. Starke, FL 32091

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Lake Butler, FL 32054

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