FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600003247

Corporation Name

KEEP TRI-COUNTIES BEAUTIFUL, INC.

Principal Place of Business
ROUTE 1. BOX 375
RAIFORD FL 32083

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

P.O. BOX 647 RAIFORD FL 32083

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED May 11, 1999 8:00 am Secretary of State

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Applied For

\$8.75 Additional

Fee Required

Not Applicable

05-11-1999 90034 037 ****61.25

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

APPLIED FOR 59-349256

06/18/1996

4. FEI Number

.a										
Zip	Country		Zip		Country		6. Election Campaign Financing	כ	\$5.00 N	• 1
24	25 29 30						Trust Fund Contribution		Added to	rees
	9. Name and Address of Cu	rrent Registe	ered Agent				10. Name and Address of New Reg	istered Ag	ent	
					81	Name				
CROFT, JAMES					82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
ROUTE 1, BOX 375										
RAIFORD FL 32083					83					
					84	City	13-14-		85 Zip C	ode
					- 1			FL		
11. Pursuant t	to the provisions of Sections 617	.0502 and 61	7.1508, Florida	Statutes, th	e above	e-named corp	poration submits this statement for the pur on's board of directors. I hereby accept th	pose of ch	anging its r	egistered istered
office or re	egistered agent, or both, in the S m familiar with, and accept the o	itate of Florida bligations of, \$	s. Sucn change Section 617.05	was author 03, Florida S	zeo oy Statutes	une corporaus	_			Stored
SIGNATURE	JAMES A. CR						4-	30-9	9	
	Signature, typed or printed name of registere			(NOTE: Regis	ered Ager	nt signature require	od when reinstating)	DATE		20.111.40
12.	OFFICER	S AND DIREC			13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D		☐ DEL	ETE 1	.1 TITLE			Į.	_] Change	Addition
NAME	Breman, Jacque			1	.2 NAME					
STREET ADDRESS	25 NORTH FIRST ST.			1	.3 STREE	TADDRESS				
CITY-ST-ZIP	LAKE BUTLER FL			1	.4 CITY-\$	T-ZIP				
TITLE	DP		☐ DEL	ETE 2	.1 TITLE			[Change	☐ Addition
NAME	KETT, SUSAN			2	2 NAME					
STREET ADDRESS	P.O. BOX 70 N/A			2	.3 STREE	TADORESS				
CITY-ST-ZIP	OLUSTEE FL			2	. 4 CITY-5	ST-ZIP				
TITLE	D		☐ DEL	ETE 3	.1 TITLE			[_ Change	Addition
NAME	HUDNALL, MIKE			3	.2 NAME					1
STREET ADDRESS	755 EAST MAIN STREET			3	3 STREE	TADDRESS				
CITY-ST-ZIP	LAKE BUTLER FL 32054			3	.4. CITY-5	ST-ZIP				
TITLE	D		☐ DEL	ETE 4	1 TITLE			(Change	☐ Addition
NAME	WISE, D			4	. 2 NAME					
STREET ADDRESS	925 E. NORTH TEMPLE			4	.3 STREE	T ADDRESS				
CITY-ST-ZIP	STARKE FL			4	4 CITY-S	T-ZIP				<u>.</u>
TITLE	DVP		☐ DEL	ETE 6	4 TITLE				Change	Addition
NAME	JAMERSON, MIKE				.2 NAME					
STREET ADDRESS	POB 753				.3 STREE	TADORESS				
CITY-ST-ZIP	ALACHUA FL 32615				.4 CITY-S	T-ZIP				
TITLE			☐ DEL	ETE E	.1 TITLE				Change	Addition
NAME					.2 NAME					
STREET ADDRESS				1	.3 STREE	TADDRESS				ł
CITY-ST-ZIP					.4 CITY-S	T-ZIP				
14 1 horoby	artifuthat the information cumpli	nd with this fili	na does not au	alify for the	evemnt	ion stated in	Section 119.07(3)(i), Florida Statutes, I fu	ther certif	that the in	formation

4. I hereby certify that the information supplied with this filling 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 RIPLIER OF SIGNING OFFICER OR DIRECTOR

5-1-99

904-752-5.662 Daytime Phone #

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J45017-90034-37 N96000003247

Keep Tri-counties Beautiful, Inc. Additional Officers/Directors

D	D
Heman W. Allen	Sheldon Beasley
Rt. 4, Box 2490	Rt. 1, Box 480A
Lake Butler, FL 32054	Macclenny, FL 32063
DT	DS
Mark Lowery	Kirsty Schenkel
P.O. Box 669 N/A	2266 N. Temple Ave.
Glen St. Mary, FL 32040	Starke, FL 32091
D	D
Irma Clyatt	Nell Dowling
Rt. 2, Box 260	P.O. Box 93 N/A
Lake Butler, FL 32054	Olustee, FL 32072
D	D
William S. Sumpter	Betty Emerick
P.O. Box 808 N/A	Rt. 4, Box 3596
Lake Butler, FL 32054	Lake Butler, FL 32054
D	D
Eoline Underhill	David Wright
Rt. 1, Box 861	P.O. Box 753 N/A
Starke, FL 32091	Starke, FL 32091
D	
Amy Williams	
Rt. 3, Box 1074-B	
Macclenny, FL 32063	