2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003247

Entity Name: KEEP TRI-COUNTIES BEAUTIFUL, INC.

FILED Jul 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ROUTE 1, BOX 375 RAIFORD, FL 32083

Current Mailing Address: New Mailing Address:

P.O. BOX 647 RAIFORD, FL 32083

FEI Number: 59-3492563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROFT, JAMES ROUTE 1, BOX 375 RAIFORD, FL 32083 US

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BREMAN, JACQUE BREMAN, JACQUE Name: Name: 25 NORTH FIRST ST. Address: 25 NORTH FIRST ST. Address: City-St-Zip: LAKE BUTLER, FL City-St-Zip: LAKE BUTLER, FL 32054 US

Title: DP Title: (X) Change () Addition () Delete KETT, SUSAN Name: KETT, SUSAN Name:

Address: P.O. BOX 70 N/A Address: P.O. BOX 70 N/A City-St-Zip: OLUSTEE, FL City-St-Zip: OLUSTEE, FL 32072 US

Title: () Delete Title: (X) Change () Addition ALLEN, HERMAN W BROWN, MARY Name: Name:

Address: RT. 4 BOX 2490 Address: 175 W. MAIN ST. LAKE BUTLER, FL 32054

City-St-Zip: City-St-Zip: LAKE BUTLER, FL 32054 US

(X) Change () Addition Title: D () Delete Title: D Name: WISE, D Name: WISE, D

925 E. NORTH TEMPLE 925 E. NORTH TEMPLE Address: Address: City-St-Zip: STARKE, FL City-St-Zip: STARKE, FL 32091 US

Title: DT () Delete Title: (X) Change () Addition

LOWERY, MARK LOWERY, MARK Name: Name: P.O. BOX 669 Address: P.O. BOX 669 Address:

GLEN ST. MARY, FL 32040 US City-St-Zip: GLEN ST. MARY, FL 32040 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

BUTTERFIELD, JUDY Name: Name: Address: Address: 2266 N. TEMPLE AVE. STARKE, FL 32091 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN KETT DP 07/08/2004 DEAN BENNETT, D LAKE BUTLER, FL 32054

DAVID WRIGHT, D P.O. BOX 753 STARKE, FL 32091

EOLINE UNDERHILL, DVP RT. 1, BOX 861 STARKE, FL 32091

BETH MOCK, D MACCLENNY, FL 32063

VIC GIVENS, D P.O. BOX 346 SANDERSON, FL 32087

BETTY EMERICK, D RT. 4, BOX 3596 LAKE BUTLER, FL 32054

NELL DOWLING, D P.O. BOX 93 OLUSTEE, FL 32072

IRMA CLYATT, D RT. 2, BOX 260 LAKE BUTLER, FL 32054