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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000004034

1. Corporation Name

KEEP TALLAHASSEE-LEON COUNTY BEAUTIFUL, INC.

Principal Place of Business

~~P.O. BOX 1039~~ **P.O. BOX 191**
TALLAHASSEE FL 32302

Mailing Address

~~P.O. BOX 1039~~ **P.O. BOX 191**
TALLAHASSEE FL 32302



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

31-1528968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HANSON, DIANA
100 N DUVAL
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

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

TITLE **CD** ☒ DELETE
NAME **LINIER, STEVE**
STREET ADDRESS **100 N. DUVAL**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **TD** ☒ DELETE
NAME **RAKER, ROY**
STREET ADDRESS **100 N. DUVAL**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **ED** ☐ DELETE
NAME **HANSON, DIANA**
STREET ADDRESS **100 N. DUVAL**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **CE** ☐ DELETE
NAME **PAUL, NANCY**
STREET ADDRESS **100 N. DUVAL**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **S** ☐ DELETE
NAME **TRANSOU, SUSIE**
STREET ADDRESS **100 N. DUVAL**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TD
DORSEY, FRANK
401 E VILGENTIA ST
TALLAHASSEE FL 32301

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PD
MCDOWELL, JIM
315 SOUTH CALHOUN ST, SUITE 350
TALLAHASSEE FL 32301

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

411 N. CALHOUN

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/99

850 224 6800

Date

Daytime Phone #

CR2E037 (11/98)