FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **005204** **(3)**

1. Corporation Name
THE SOUTHERN MONUMENT COMPANY, INC.

Principal Place of Business
4500 MAIN STREET
JACKSONVILLE FL 32206

Mailing Address
4500 MAIN STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: **01/01/1911**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-0611937** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERGERON, JOHN B
4500 MAIN STREET
JACKSONVILLE FL 32206

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 requirements of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TYPE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	S JENNINGS, MC 3535 KIRBY RD #305 MEMPHIS TN ☒ DELETE	11 TYPE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
21 TYPE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	PD JENNINGS, JL 3535 KIRBY RD #305 MEMPHIS TN ☒ DELETE	21 TYPE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
31 TYPE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	V BERGERON, JOHN B 4500 MAIN ST JAX, FL 00000 ☐ DELETE	31 TYPE President & OWNER ☒ Change ☐ Addition 32 NAME BERGERON, JOHN B. 33 STREET ADDRESS 4500 MAIN ST. 34 CITY-ST-ZIP JAX, FLA 32206
41 TYPE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ DELETE	41 TYPE V ☐ Change ☒ Addition 42 NAME BERGERON, SANDRA E. 43 STREET ADDRESS 4503 MAIN ST. 44 CITY-ST-ZIP JAX, FLA 32206
51 TYPE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ DELETE	51 TYPE S ☐ Change ☒ Addition 52 NAME PATRICIA B. CHLERTON 53 STREET ADDRESS Rt 2 Box 353 T, 54 CITY-ST-ZIP HILLIARD, FLA 32046
61 TYPE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ DELETE	61 TYPE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing qualifies 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk or on an attachment with an asterisk.

SIGNATURE: John B Bergeron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 9, 1996
Date

904-256-4714
Daytime Phone #