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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 005204

(3)

THE SOUTHERN MONUMENT COMPANY, INC.

FILED
Apr 14 1997 8:00am
Secretary of State



Principal Place of Business 4500 MAIN STREET JACKSONVILLE FL 32206		Mading Address 4500 Main Street Jacksonville Fl. 32206-1436			, (abili 26(i) 45ifi Sille Heit Shil Bibi 4ifil 6ibil 6ibil 6ibil 6ibil 6ibil				
						Date Incorporated or Qualified 01/01/1911		e of Last 4/1996	Report
2. Principal F	face of Business	2a. Mailing Address				4. FEI Number	.t	-	pplied For
21		26			<u> </u>	59-0611937			ot Applicable
Suite Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Regulred
City & Stat		City & State				6. Election Campaign Financing) Мау Ве
23		28				Trust Fund Contribution			I to Fees
Zψ	Country	Zip	├ ─¬	untry		8. This corporation has liability for in	ntangible t Yes		s. 199.032,
24	25 g. Name and Address of Cui	rrent Registered Agent	30	1		Florida Statutes 10. Name and Address of New Reg			
RED	BERON, JOHN B			B1	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	MAIN STREET			82	Stroot Aric	dress (P.O. Box Number is Not Acceptab	la\		
	SONVILLE FL 32206			02	Sheet MOC	aress (F.O. Box Number is Not Acceptab	10)		
				83					
				84	City			85 Zip	Code
					-	rporation submits this statement for the p ation's board of directors. I hereby accep	FL	<u> </u>	
SIGNATURE									
					nt signature requ	ured when reinstating)	DATE ERS AND	DIRECTO	RS (N) 12
12.		diagnosised the diapplicable (AND DIRECTORS DELETE	NOTE Registere 13.		nt signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change	
12.	OFFICERS V BERGERON, SANDRA E	AND DIRECTORS	13. 1.1 I		nt signature requ		ERS AND		
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1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Farn 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 if changed, of on an attachorant with an address.

SIGNATURE: >

TURE BY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1997 904 356-4714

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