

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90293 004 \*\*\*900.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 018300**

1. Corporation Name  
**WOODLAWN MEMORY GARDENS, INC.**

Principal Place of Business  
**1201 SOUTH ORLANDO AVENUE  
 SUITE 365  
 WINTER PARK FL 32789**

Mailing Address  
**1201 SOUTH ORLANDO AVENUE  
 SUITE 365  
 WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/09/1948**

4. FEI Number  
**62-1506528** Applied For  
 Yes  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 owes the current year Intangible Personal Property Tax.  Yes  No

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

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

9. Name and Address of Current Registered Agent  
**KNOPKE, KEENAN L  
 1201 SOUTH ORLANDO AVENUE  
 SUITE 365  
 WINTER PARK FL 32789**

10. Name and Address of New Registered Agent  
 81 Name **CT CORPORATION SYSTEM**  
 82 Street Address **1200 PINE ISLAND ROAD**  
 83  
 84 City **PLANTATION, FL 33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Victor Alfano* **Victor Alfano** 3/16/99 DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAS	1.1 TITLE	D
NAME	KNOPKE, KEENAN L	1.2 NAME	HENICAN, JOSEPH P. III
STREET ADDRESS	1201 S ORLANDO AVE #365	1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	METAIRIE, LA 70005
TITLE	VPSD	2.1 TITLE	AS
NAME	HEFFRON, BRENT F	2.2 NAME	TRAHAN, LORALICE A.
STREET ADDRESS	1201 S ORLANDO AVE #365	2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	METAIRIE, LA 70005
TITLE	D	3.1 TITLE	T/S
NAME	ROWE, WILLIAM E	3.2 NAME	MATASAVAGE, FRANK L.
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	3.3 STREET ADDRESS	1201 S ORLANDO AVE #365
CITY-ST-ZIP	METAIRIE LA	3.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	AS	4.1 TITLE	D/VP/AS
NAME	BUDDE, KENNETH C	4.2 NAME	HEFFRON, BRENT F.
STREET ADDRESS	110 VETERANS BLVD	4.3 STREET ADDRESS	1201 S ORLANDO AVE #365
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	T	5.1 TITLE	
NAME	MATASAVGE, FRANK L	5.2 NAME	
STREET ADDRESS	1201 S ORLANDO AVE, #365	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	OLVEY, CORINNE I	6.2 NAME	
STREET ADDRESS	1201 S ORLANDO AVE, #365	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	6.4 CITY-ST-ZIP	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HENICAN, JOSEPH P. III	
1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
1.4 CITY-ST-ZIP	METAIRIE, LA 70005	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRAHAN, LORALICE A.	
2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
2.4 CITY-ST-ZIP	METAIRIE, LA 70005	
3.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MATASAVAGE, FRANK L.	
3.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
4.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HEFFRON, BRENT F.	
4.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 607, 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: *Brent F. Heffron* **Brent F. Heffron**

April 14, 1999  
 (407) 740-7000

CR2E034 (11/98)