

**CORPORATION  
ANNUAL REPORT  
1995**

Florida Department of State  
Banking & Insurance  
Secretary of State  
DIVISION OF CORPORATIONS

95 MAY 16 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 181171

1. Corporation Name

Pensacola Memorial Gardens, Inc.

Principal Place of Business

Mailing Address

7433 Pine Forest Rd.  
Pensacola, FL 32526

7433 Pine Forest Rd.  
Pensacola, FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/54  
3a. Date of Last Report 5/94

2. Principal Place of Business

2a. Mailing Address

21 7433 Pine Forest Rd  
Sute, Apt #, etc.

26 7433 Pine Forest Rd.  
Sute, Apt #, etc.

4. FEI Number  
59-0735667

Applied For  
Not Applicable

22 City & State

27 City & State

23 Pensacola, FL 32526

28 Pensacola, FL 32526

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

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Steve Huggins  
Saltmarsh, Cleveland & Gund  
P.O. Box 13207 900 N. 12th AVENUE  
Pensacola, FL 32591 Pensacola, FL 32501

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 607.0506, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

Signature of Steve Huggins

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President  
NAME: Louise S. Miller  
STREET ADDRESS: 313 Appomattox Dr.  
CITY ST ZIP: Brentwood, TN 37027

11 TITLE:  Change  Addition  
12 NAME: 900001493059  
13 STREET ADDRESS: -05/18/95--01026--007  
14 CITY ST ZIP: \*\*\*\*200 00 \*\*\*\*200 00

TITLE: Vice-President/Secretary  
NAME: Frederick W. Miller  
STREET ADDRESS: Same  
CITY ST ZIP:

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY ST ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY ST ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY ST ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY ST ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY ST ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Louise S. Miller Louise S. Miller 4/24/95 (904) 944-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #