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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **223318** **(7)**

1. Corporation Name

CHARLOTTE MEMORIAL GARDENS INC

Principal Place of Business: ~~3600 INDIAN SPRINGS RD P. O. BOX 1357 PUNTA GORDA FL 33951-1357~~ 3433 E Forest Lakes Dr SARASOTA, FL. 34232

Mailing Address: ~~2044 CONSTITUTION BLVD. SARASOTA FL 34231~~

3. Date Incorporated or Qualified: 05/04/1959	3a. Date of Last Report: 12/15/1995
4. FEI Number: 59-0871726	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3433 E. FOREST LAKES DR.	26 3433 E. FOREST LAKES DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA, FL.	City & State 28 SARASOTA, FL.
Zip 24 34232 Country 25 SARASOTA	Zip 29 34232 Country 30 SARASOTA

9. Name and Address of Current Registered Agent

~~ROSS, PETER~~
~~2044 CONSTITUTION BLVD.~~
~~SARASOTA FL 34231~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3433 E. Forest Lakes Dr.

83

84 City: FL 85 Zip Code: 34232

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: (Signature, typed or printed name of the person signing, and title or capacity if applicable) (New Registered Agent's signature, required if agent is changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDENAU, DONNA ~~2044 CONSTITUTION BLVD.~~ SARASOTA FL 34231	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D 2309 Outer Dr. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSS, PETER 3433 E. FOREST LAKES DR. SARASOTA FL 34232	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEGNER, MARGARET 3435 FOX RUN RD.,#245 SARASOTA FL 34231	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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)(k), 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: Donna Lindenau Pres. 8/1/96 (941) 922-2851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #