

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **548245** (0)

1. Corporation Name
SOUTHERN MONUMENT STUDIO, INC.



Principal Place of Business: **404 N BOULEVARD EAST LEESBURG FL 34748**
Mailing Address: **404 N BOULEVARD EAST LEESBURG FL 34748**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **10/01/1977**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **59-1771030**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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

**TAYLOR, L E
1029 WEST MAGNOLIA STREET
LEESBURG, FLORIDA
32748**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.050(2) and 607.1509, 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 607.050, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	[] DELETE
NAME	STEPHENSON, H.V.	
STREET ADDRESS	404 N. BOULEVARD E.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	STD	[] DELETE
NAME	JAGGERS, SUSANNE S.	
STREET ADDRESS	404 N. BOULEVARD E.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PD	[] DELETE
NAME	STEPHENSON, BILLY	
STREET ADDRESS	404 N. BOULEVARD E.	
CITY-ST-ZIP	LEESBURG FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change [] Addition
22 NAME	Secretary
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change <input checked="" type="checkbox"/> Addition
42 NAME	MARY SUE STEPHENSON
43 STREET ADDRESS	404 N. Boulevard E.
44 CITY-ST-ZIP	Leesburg, FL
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 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 for this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 recipient or trustee or power of attorney holder of 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: *Billy M. Stephenson*
SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 352-787-3261

CR2E034 (12/95)