

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

7-200-2-0112-0

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705252 (5)
 1. Corporation Name
GEORGIAN CEMETERY PERPETUAL MAINTENANCE FUND, IN C.



Principal Place of Business 4265 RANDON LANE MERRITT ISLAND FL 32952	Mailing Address 4265 RANDON LANE MERRITT ISLAND FL 32952
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3. Date Incorporated or Qualified 02/26/1963	4. FEI Number 59-1652324	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. PO BOX 542524 MERRITT ISLAND FL 23 32954-2524 USA	2a. Mailing Address 26 Suite, Apt. #, etc. PO BOX 542524 MERRITT ISLAND FL 28 32954-2524 USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PINKERTON, JAMES B JR
 -2000 S. TROPICAL TRL.
 MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	7701 PINE LAKE DRIVE
83	
84 City	MERRITT ISLAND FL 85 Zip Code 32953

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE: James B. Pinkerton, Jr. **JAMES B. PINKERTON, JR.** 6 JULY 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	PINKERTON, JAMES B JR	
STREET ADDRESS	2000 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATSKOSKI, ROBERT J	
STREET ADDRESS	2805 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAXLEY, STANLEY	
STREET ADDRESS	1300 N. COURTENAY PKWY.	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEGERIF, EVERETT L.	
STREET ADDRESS	3000 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLAR, NED	
STREET ADDRESS	3950 OLD SETTLEMENT RD	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: James B. Pinkerton, Jr. **JAMES B. PINKERTON, JR.** 6 JULY 1998 407-453-6530
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)