


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 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 # 751755
 1. Corporation Name
CONNER CEMETERY ASSOCIATION, INC.

Principal Place of Business Rt.1 Box814 C/O Charles Hutcheson Starke, FL 32091	Mailing Address Rt.1 Box 814 C/O Charles Hutcheson Starke, FL 32091
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3. Date Incorporated or Qualified 03/27/1980	
4. FEI Number 59-2153973	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SHAW, EUGENE F. ESQ.
 925-E. North Temple Ave.
 Starke, FL 32091**

10. Name and Address of New Registered Agent
 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 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owen Alvarez	1.2 NAME	
STREET ADDRESS	SR 225, Rt.4 Box 241 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	Starke, FL 32091	1.4 CITY-ST-ZIP	
TITLE	P/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Ross	2.2 NAME	
STREET ADDRESS	Anderson Rd. P.O. Box 241 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	Raiford, FL 32083	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loran Conner	3.2 NAME	
STREET ADDRESS	1296 Raiford Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Starke, FL 32091	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Tatum	4.2 NAME	
STREET ADDRESS	22648 Co. Rd. 200-A P.O. Drawer A	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lawtey, FL 32058	4.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Whitehead	5.2 NAME	
STREET ADDRESS	SR 235, Rt.1 Box 538 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Butler, FL 32054	5.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Hutcheson	6.2 NAME	
STREET ADDRESS	S.R. 230East Rt.1 Box 814 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	Starke, FL 32091	6.4 CITY-ST-ZIP	

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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 in an attachment with an addres.

SIGNATURE: *Charles Hutcheson* 4-29-98 (904) 964-6879
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)