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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S15088 (5)**
1. Corporation Name
**LAKE COUNTY CREMATION SOCIETY, DIVISION OF ALL F
AITHS CREMATION SOCIETY INC.**



Principal Place of Business Mailing Address
18 LA GRANDE BLVD. 18 LA GRANDE BLVD.
LADY LAKE FL 32159 LADY LAKE FL 32159-2364
US US

3. Date Incorporated or Qualified 11/26/1990
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 9 La Grande Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 9 La Grande Blvd Suite, Apt. #, etc.	4. FEI Number 59-3038658	Applied For Not Applicable
22 City & State 23 Lady Lake, FL	27 City & State 28 Lady Lake FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
24 Zip 32159 Country LAKE	29 Zip 32159 Country LAKE	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

RISA E. REYNOLDS
324 JAMESTOWN DR
WINTER PARK FL 32159

81 Name RISA E. REYNOLDS
82 Street Address (P.O. Box Number is Not Acceptable)
83 228 W 18TH ST
84 City SANFORD FL 85 Zip Code 32771

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: *Risa E. Reynolds*, RISA E REYNOLDS 2/17/97
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	REYNOLDS, DON T. 2387 ENTREPRISE - OSTEEN RD DELTONA FL	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	REYNOLDS, SHIRLEY L. 1524 OAK FOREST DR. ORMOND BEACH FL	1.2 NAME RISA E REYNOLDS	
TITLE VP	RISA E. REYNOLDS 324 JAMESTOWN DR WINTER PARK FL	1.3 STREET ADDRESS 228 W 18TH ST	
TITLE		1.4 CITY - ST - ZIP SANFORD FL 32771	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Risa E. Reynolds* RISA E REYNOLDS 2-17-97 (407)328-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)