SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:11

DOCUMENT # **N93000004680 (5)**

1. Corporation Name

SHADY REST PET CEMETERY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
120 ROWLAND AVE. HOLLISTER FL 32147	P.O. BOX 755 HOLLISTER FL 32147

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-3204574 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has paid its intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEDSTROM, EDWARD E 601ST. JOHNS AVE. PALATKA FL 32177	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SCHWARM, LEONARD L	12 NAME	PETERMAN, DONALD	
STREET ADDRESS	ROUTE 1, BOX 336	13 STREET ADDRESS	ROUTE 2, BOX 2916	
CITY-ST-ZIP	INTERLACHEN FL 32148	14 CITY-ST-ZIP	PALATKA FL 32177-9642	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	PETERMAN, DON	22 NAME	SMITHSON, GAIL	
STREET ADDRESS	ROUTE 2, BOX 161	23 STREET ADDRESS	P O BOX 1169	
CITY-ST-ZIP	PALATKA FL 32177	24 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	STINNETTE, NATHAN	32 NAME	SCHWARM, LEONARD	
STREET ADDRESS	ROUTE 1, BOX 161	33 STREET ADDRESS	ROUTE 1, BOX 336	
CITY-ST-ZIP	CRESCENT CITY FL 32112	34 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	VD	41 TITLE	VD	☒ Change ☐ Addition
NAME	ABBOTT, HOLLY	42 NAME	ABBOTT, HOLLY	
STREET ADDRESS	ROUTE 1, BOX 105	43 STREET ADDRESS	HC ROUTE #1 BOX 243 AA	
CITY-ST-ZIP	POMONA PARK FL 32181	44 CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	SD	51 TITLE	SD	☒ Change ☐ Addition
NAME	HOCHREITER, PAULINE	52 NAME	PETERMAN, JOYCE	
STREET ADDRESS	ROUTE 1, BOX 219-C	53 STREET ADDRESS	ROUTE 2, BOX 2916	
CITY-ST-ZIP	INTERLACHEN FL 32148	54 CITY-ST-ZIP	PALATKA FL 32177-9642	
TITLE	SD	61 TITLE	SD	☒ Change ☐ Addition
NAME	PETERMAN, JOYCE	62 NAME	FRIEB, DOLORES	
STREET ADDRESS	ROUTE 2, BOX 2916	63 STREET ADDRESS	P O BOX 1390	
CITY-ST-ZIP	PALATKA FL 32177	64 CITY-ST-ZIP	INTERLACHEN FL 32148	

CR2E037 (3/95)

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)(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: D.J. Peterman D.J. PETERMAN 6/9/95 904-328-7537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017095