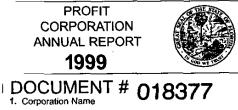
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

LAKELAND MEMORIAL GARDENS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90008 035 ***150.00

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Principal Place	of Business	Mailing Address			1 10011 BBIG 11655 INTO 1800 1801 GIBL GIBL GIBL GIBL GIBL
2121 SYLVESTE	2125 SOUTH BARTWO HIGH	SOUTH BARTWO HIGHWAY		}	
AKELAND FL 33803		LAKELAND FL 33803			DO NOT WRITE IN THIS SPACE
		US			3. Date Incorporated or Qualifed
	;				05/25/1953
2 Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For
	ace of Business.	26 1300 Post OA1	BU	10. stc 150	
Suite, Apt.	#-etc.	Suite Ant # etc	Suite Ant # etc		- \$8.75 Additional
2	.,, ;				5. Certificate of Status Desired Fee Required
City & State	8	City & State	City & State /		6. Election Campaign Financing S5.00 May Be
:3		28 /tous kin, Tepas			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	USA	8. This corporation owes the current year Intangible
4	25	29 77056	30	USA	Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
, (81 Name	
CT CORPORATION SYSTEM				82 Street Ad	dress (P.O. Box Number is Not Acceptable)
	CT CORPORATION SYSTEM		<u> </u>		
	SOUTH PINE ISLAND RD.			83	
PLAN	ITATION FL 33324			84 City	85 Zip Code
	<u> </u>				FL 10 Es sous
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Floridations	thorized da Stati	bove-named co f by the corpora utes.	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: f	Registered	Agent signature requ	ired when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	(X). DELETE	1.1 TI	TLE C	LEO ☐ Change ☑ Addition
NAME	GRINSTEAD, JACK E		1.2 NA	ME 🖊	MELVIN C. PAYNY
STREET ADDRESS	2121 SYLVESTER RD		1.3 \$1	REET ADDRESS /	300 Post OAK BLVD. Ste ISCU
CITY-ST-ZIP	LAKELAND, FL 00000		1.4 CF	TY-ST-ZIP	Itouston, To 77056
TITLE	VP	Ø DELETE	2.1 TX		resident & Assishant Secretary Change Addition
NAME	GRINSTEAD, JOAN A		2.2 N	ME A	TARKW. DUFFEY
STREET ADDRESS	2121 SYLVESTER RD -		_ 2.3 ST	REET ADDRESS :/	390 Post OAK BLYD. Stelser
CITY-ST-ZIP	LAKELAND FL	·	2.4 C		HOUSTON, TO 77086
TITLE	SEC	X DELETE	3.1 TF	TLE \	CFO, EVP Change Addition
NAME	GRINSTEAD, DALE E		3.2 NA	WE 7	THOMAS C. LIVENGOOD THE 1500
STREET ADDRESS	2121 SYLVESTER RD		3.3 ST	REET ADDRESS /	Trucko To CC
CITY-ST-ZIP	LAKELAND FL			ITY-ST-ZIP	Trouston, To 77056 EXEC V-P Change Change Change Country To 77056 To 77056
TITLE	TRES	X DELETE	4.1 π		TXEC V-P Change Addition
NAME	GRINSTEAD, DARYL L		4.2 N	AME X	DAL DAY BUD, ATE 1500
STREET ADDRESS			4.3 \$1	REET ADDRESS /	1300 POST ONE DOVE
CITY-ST-ZIP	LAKELAND FL			TY-ST-ZIP	1. P + CLED. Controll(
TITLE		☐ DELETE	5.1 TT	ILE V	1. P + Corp. Controlle Change Addition
NAME			5.2 N/	ME ADDRESS	12. D. LAM BLYD SKISCO
STREET ADDRESS				TREET ADDRESS	Terry E- SAMFORD BLVD, SKISCO 1304 Post DAN BLVD, SKISCO Itovskin, TO TRS6
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 Ti		Change Addition
TITLE		□ here is	6.2 N		
NAME				REET ADORESS	
STREET ADDRESS	,			TY-ST-ZIP	
CITY OT 7ID	İ		0.4 0	11-01-40	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: .