

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 018377

1. Corporation Name

LAKELAND MEMORIAL GARDENS, INC.

Principal Place of Business

2121 SYLVESTER ROAD
LAKELAND FL 33803

Mailing Address

2125 SOUTH BARTWO HIGHWAY
LAKELAND FL 33803
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1953

4. FEI Number

59-0701247

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

1300 Post OAK BLVD. Ste 1500

Suite 1500

Houston, TEXAS

77056

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	GRINSTEAD, JACK E	
STREET ADDRESS	2121 SYLVESTER RD	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GRINSTEAD, JOAN A	
STREET ADDRESS	2121 SYLVESTER RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SEC	<input checked="" type="checkbox"/> DELETE
NAME	GRINSTEAD, DALE E	
STREET ADDRESS	2121 SYLVESTER RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TRES	<input checked="" type="checkbox"/> DELETE
NAME	GRINSTEAD, DARYL L	
STREET ADDRESS	2121 SYLVESTER RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MELVIN C. PAYNE	
1.3 STREET ADDRESS	1300 Post OAK BLVD. Ste 1500	
1.4 CITY-ST-ZIP	HOUSTON, TX 77056	
2.1 TITLE	President & Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK W. DUFFEY	
2.3 STREET ADDRESS	1300 Post OAK BLVD. Ste 1500	
2.4 CITY-ST-ZIP	HOUSTON, TX 77056	
3.1 TITLE	CFO, EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS C. LIVINGOOD	
3.3 STREET ADDRESS	1300 Post OAK BLVD. Ste 1500	
3.4 CITY-ST-ZIP	HOUSTON, TX 77056	
4.1 TITLE	Exec V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Russell W. ALLEN	
4.3 STREET ADDRESS	1300 Post OAK BLVD. Ste 1500	
4.4 CITY-ST-ZIP	HOUSTON, TX 77056	
5.1 TITLE	V. P & Corp. Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Terry E. SANFORD	
5.3 STREET ADDRESS	1300 Post OAK BLVD. Ste 1500	
5.4 CITY-ST-ZIP	HOUSTON, TX 77056	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Terry E. Sanford 4/5/99 (281)556-7450

Date

Daytime Phone #

CR2E034 (11/98)