

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 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90043 049 \*\*\*158.75

DOCUMENT # 018103

1. Corporation Name

EDGEWOOD CEMETERY ASSOCIATION



Principal Place of Business

Mailing Address

BOX 312  
JACKSONVILLE FL 32201

BOX 312  
JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1929

4. FEI Number

59-0230470

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

9. Name and Address of Current Registered Agent

PRICE, WARREN E  
764 QUEENS HARBOUR BL  
JACKSONVILLE FL 32225

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 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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
PRICE, WARREN E  
764 QUEENS HARBOUR BLVD  
JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
PRICE, ROBERT W  
1875 HICKORY LANE  
ATLANTIC BEACH FL 32233

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
PRICE, CLIFFORD E JR  
1728 ALDER DR.  
ORANGE PARK FL 32273

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
PRICE, RICHARD A  
4420 MONUMENT PT. RD.  
JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JAMES, LILLIAN P  
9645 VILLERS DR. S.  
JACKSONVILLE FL 32221

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEST, BETTY P  
2256 KEMP ROAD  
BEAVER CREEK OH 45431

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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: *Warren E Price* WARREN E. PRICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 904-220-9445

Date

Daytime Phone #

CR2E034 (11/98)