

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

FILED

Feb 12 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 018143 (8)
1. Corporation Name
WOODLAWN MEMORIAL PARK, INC.

Principal Place of Business
400 WOODLAWN CEMETERY RD.
GOTHA FL 34734
US

Mailing Address
1929 ALLEN PKWY
DEPT 2934
HOUSTON TX 77019
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1932

4. FEI Number
59-0247620

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 | PD | 1.1 TITLE | PRESIDENT |
| NAME | CHESLER, RICHARD A | 1.2 NAME | J. SCOTT YOUNG |
| STREET ADDRESS | DPT 2934 9TH FL 1929 ALLEN PKWY | 1.3 STREET ADDRESS | 1929 ALLEN PARKWAY, 9TH FL |
| CITY-ST-ZIP | HOUSTON TX 77019 | 1.4 CITY-ST-ZIP | HOUSTON TX 77019 |
| TITLE | V | 2.1 TITLE | VP |
| NAME | DANIELS, KEVIN R | 2.2 NAME | CURTIS G. BRIGGS, |
| STREET ADDRESS | DPT 2934 9TH FL 1929 ALLEN PKWY | 2.3 STREET ADDRESS | 1929 ALLEN PARKWAY, 9TH FL |
| CITY-ST-ZIP | HOUSTON TX 77019 | 2.4 CITY-ST-ZIP | HOUSTON TX 77019 |
| TITLE | V | 3.1 TITLE | SECRETARY |
| NAME | NEEL, J ASHER | 3.2 NAME | SUZANNE DINEFF |
| STREET ADDRESS | 1929 ALLEN PKWY DEPT 2934 | 3.3 STREET ADDRESS | 1929 ALLEN PARKWAY, 9TH FL |
| CITY-ST-ZIP | HOUSTON TX | 3.4 CITY-ST-ZIP | HOUSTON TX 77019 |
| TITLE | D | 4.1 TITLE | TREASURER |
| NAME | CLAIBORNE, TIMOTHY J | 4.2 NAME | JOHN N. LOHMAN, JR. |
| STREET ADDRESS | DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY | 4.3 STREET ADDRESS | 1929 ALLEN PARKWAY, 9TH FL |
| CITY-ST-ZIP | HOUSTON TX 77019 | 4.4 CITY-ST-ZIP | HOUSTON, TX 77019 |
| TITLE | STD | 5.1 TITLE | DIRECTOR |
| NAME | GOFF, JOAN B | 5.2 NAME | LISA M. NEWBURN |
| STREET ADDRESS | 1929 ALLEN PKWY DEPT 2934 | 5.3 STREET ADDRESS | 1929 ALLEN PARKWAY, 9TH FL |
| CITY-ST-ZIP | LEESBURG FL | 5.4 CITY-ST-ZIP | HOUSTON, TX 77019 |
| TITLE | S | 6.1 TITLE | DIRECTOR |
| NAME | FRAZIER, MARY J | 6.2 NAME | J. SCOTT YOUNG |
| STREET ADDRESS | DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY | 6.3 STREET ADDRESS | 1929 ALLEN PARKWAY, 9TH FL |
| CITY-ST-ZIP | HOUSTON TX 77019 | 6.4 CITY-ST-ZIP | HOUSTON, TX 77019 |

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.

SIGNATURE:

JOHN N. LOHMAN, JR. / TREASURER

2.2.98

CR2E034 (10/97)