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**Jan 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 018179 (2)
1. Corporation Name
OAKLAWN CEMETERY ASSOCIATION



Principal Place of Business: **4801 SAN JOSE BLVD JACKSONVILLE FL 32207**
Mailing Address: **4801 SAN JOSE BLVD JACKSONVILLE FL 32207-7867**

3. Date Incorporated or Qualified: **06/11/1934**
3a. Date of Last Report: **01/24/1996**
4. FEI Number: **59-0380400** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**TAYLOR, NEIL C
4801 SAN JOSE BLVD
JACKSONVILLE FL 32207**

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 **FL**

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, WESLEY F., JR. | |
| STREET ADDRESS | 4801 SAN JOSE BLVD | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | TDP | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, NEIL C | |
| STREET ADDRESS | 4801 SAN JOSE BLVD | |
| CITY - ST - ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, JANICE O. | |
| STREET ADDRESS | 4801 SAN JOSE BLVD | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, JANICE E. | |
| STREET ADDRESS | 4801 SAN JOSE BLVD. | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, MARK | |
| STREET ADDRESS | 4801 SAN JOSE BLVD | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 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 do 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: *Neil C. Taylor, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97
DATE

Daytime Phone #
0031721

CR2E034 (9/96)