


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 018179**  
 1. Entity Name  
**OAKLAWN CEMETERY ASSOCIATION**



Principal Place of Business      Mailing Address  
**4801 SAN JOSE BLVD**      **4801 SAN JOSE BLVD**  
**JACKSONVILLE, FL 32207**      **JACKSONVILLE, FL 32207**

**DO NOT WRITE IN THIS SPACE**



01062004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-0380400**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Neil C. Taylor*    **Neil C. Taylor**    1/8/04    DATE

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TAYLOR, WESLEY F., JR.
STREET ADDRESS	4801 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TDP
NAME	TAYLOR, NEIL C
STREET ADDRESS	4801 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	DV
NAME	TAYLOR, JANICE O.
STREET ADDRESS	4801 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ASD
NAME	TAYLOR, JANICE E.
STREET ADDRESS	4801 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	TAYLOR, MARK
STREET ADDRESS	4801 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Neil C. Taylor*    **Neil C. Taylor**    1/8/04    904-737-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #