

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90114 025 ***150.00

0489458

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 018194

1. Corporation Name
HIGHLAND MEMORIAL PARK ASSOCIATION

Principal Place of Business 910 S.E. SILVER SPRINGS BLVD. OCALA FL 34470-1 US	Mailing Address 910 S.E. SILVER SPRINGS BLVD. OCALA FL 34470 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1936

2. Principal Place of Business 21 1515 NE 3rd Street	2a. Mailing Address 26 1515 NE 3rd Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, FL	City & State 28 Ocala, FL
Zip 24 34470	Country 25 US
	Country 29 34470 30 US

4. FEI Number

59-0770182

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

**HIERS, JOHN M
910 S.E. SILVER SPRINGS BLVD.
OCALA FL 34470**

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																												
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>HIERS, JOHN M</td><td></td></tr><tr><td>STREET ADDRESS</td><td>910 SILVER SPRINGS BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA FL</td><td></td></tr><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>BAXLEY, DENNIS K</td><td></td></tr><tr><td>STREET ADDRESS</td><td>910 SILVER SPRINGS BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA FL</td><td></td></tr><tr><td>TITLE</td><td>ST</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>BAXLEY, MICHELINE G</td><td></td></tr><tr><td>STREET ADDRESS</td><td>910 SE SILVER SPRINGS BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA FL 34470</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> DELETE	NAME	HIERS, JOHN M		STREET ADDRESS	910 SILVER SPRINGS BLVD		CITY-ST-ZIP	OCALA FL		TITLE	VP	<input type="checkbox"/> DELETE	NAME	BAXLEY, DENNIS K		STREET ADDRESS	910 SILVER SPRINGS BLVD		CITY-ST-ZIP	OCALA FL		TITLE	ST	<input type="checkbox"/> DELETE	NAME	BAXLEY, MICHELINE G		STREET ADDRESS	910 SE SILVER SPRINGS BLVD		CITY-ST-ZIP	OCALA FL 34470		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>	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	
TITLE	PD	<input type="checkbox"/> DELETE																																																																																																											
NAME	HIERS, JOHN M																																																																																																												
STREET ADDRESS	910 SILVER SPRINGS BLVD																																																																																																												
CITY-ST-ZIP	OCALA FL																																																																																																												
TITLE	VP	<input type="checkbox"/> DELETE																																																																																																											
NAME	BAXLEY, DENNIS K																																																																																																												
STREET ADDRESS	910 SILVER SPRINGS BLVD																																																																																																												
CITY-ST-ZIP	OCALA FL																																																																																																												
TITLE	ST	<input type="checkbox"/> DELETE																																																																																																											
NAME	BAXLEY, MICHELINE G																																																																																																												
STREET ADDRESS	910 SE SILVER SPRINGS BLVD																																																																																																												
CITY-ST-ZIP	OCALA FL 34470																																																																																																												
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	<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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)