

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 190778 (1)

1. Corporation Name

JACKSONVILLE MEMORY GARDENS, INC.

Principal Place of Business

111 BLANDING BLVD
ORANGE PARK FL 32073

Mailing Address

111 BLANDING BLVD
ORANGE PARK FL 32073



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

SHIPLEY, RALPH R.
111 BLANDING BLVD.
ORANGE PARK FL 32073

3. Date Incorporated or Qualified

02/07/1956

3a. Date of Last Report

02/09/1995

4. FEI Number

59-0779110

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

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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	SHIPLEY, GLORIA	
STREET ADDRESS	111 BLANDING BLVD	
CITY-STATE-ZIP	ORANGE PARK, FL 00000	
TITLE	PT	☐ DELETE
NAME	SHIPLEY, RALPH R	
STREET ADDRESS	111 BLANDING BLVD	
CITY-STATE-ZIP	ORANGE PARK, FL 00000	
TITLE	V	☐ DELETE
NAME	SHIPLEY, JOHN F.	
STREET ADDRESS	111 BLANDING BLVD.	
CITY-STATE-ZIP	ORANGE PARK FL	
TITLE	V	☐ DELETE
NAME	KREPS, KIM A.	
STREET ADDRESS	111 BLANDING BLVD.	
CITY-STATE-ZIP	ORANGE PARK FL	
TITLE	V	☐ DELETE
NAME	SHIPLEY, RALPH R JR	
STREET ADDRESS	111 BLANDING BLVD	
CITY-STATE-ZIP	ORANGE PARK FL	
TITLE	T	☐ DELETE
NAME	SHIPLEY, ANNETTE M	
STREET ADDRESS	111 BLANDING BLVD	
CITY-STATE-ZIP	ORANGE PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 of Books changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)

RALPH R. SHIPLEY 1-29-96 904-272-2435