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Feb 05 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 # 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 32073-2629



3. Date Incorporated or Qualified 02/07/1956  
3a. Date of Last Report 02/01/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

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

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

By either, typed or printed name of the signed agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME SHIPLEY, GLORIA  
STREET ADDRESS 111 BLANDING BLVD  
CITY-ST-ZIP ORANGE PARK, FL 00000

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME SHIPLEY, RALPH R  
STREET ADDRESS 111 BLANDING BLVD  
CITY-ST-ZIP ORANGE PARK, FL 00000

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME SHIPLEY, JOHN F.  
STREET ADDRESS 111 BLANDING BLVD.  
CITY-ST-ZIP ORANGE PARK FL

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME KREPS, KIM A.  
STREET ADDRESS 111 BLANDING BLVD.  
CITY-ST-ZIP ORANGE PARK FL

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME SHIPLEY, RALPH R JR  
STREET ADDRESS 111 BLANDING BLVD  
CITY-ST-ZIP ORANGE PARK FL

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME SHIPLEY, ANNETTE M  
STREET ADDRESS 111 BLANDING BLVD  
CITY-ST-ZIP ORANGE PARK FL

62 NAME

63 STREET ADDRESS

64 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; and that my signature shall have the same legal effect as if made under oath; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph R. Shipley* RALPH R. SHIPLEY 1-31-97 904-222-2435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)