

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 210992 (4)

1. Corporation Name

FLORIDA MEMORIAL CEMETERY, INC.



Principal Place of Business

Mailing Address

9102 N. MERIDIAN ST. #300
INDIANAPOLIS IN 46260

9102 N. MERIDIAN ST. #300
INDIANAPOLIS IN 46260

3. Date Incorporated or Qualified
04/02/1958

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21. PO BOX 1805

26. 1929 ALLEN PARKWAY

State, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. 9TH FLOOR DEPT 2934

23. COCOA FLORIDA

28. HOUSTON TEXAS

Zip

Country

Zip

Country

24. 32923

25. USA

29. 77019

30. USA

4. FEI Number

59-0870208

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIGHE, CHARLES
1589 COLONIAL BLVD.
FORT MYERS FL 33901

81. Name THE PRENTICE HALL CORP SYSTEM

82. Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET SUITE 105

83.

84. City TALLAHASSEE

FL

85. Zip Code
32301

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

Debra L. Vincent
Signature of typed or printed name of registered agent and title if applicable.

Debra L. Vincent
Assistant Secretary

2/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BRAMMER, TIMOTHY F
STREET ADDRESS 9102 N. MERIDIAN ST #300
CITY-STATE-ZIP INDIANAPOLIS IN ☒ DELETE

TITLE VD
NAME BRAMMER, JAY A
STREET ADDRESS 9102 N. MERIDIAN ST #300
CITY-STATE-ZIP INDIANAPOLIS IN ☒ DELETE

TITLE STD
NAME SHOGER, NEAL G.
STREET ADDRESS 9102 N. MERIDIAN ST #300
CITY-STATE-ZIP INDIANAPOLIS IN ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE P/D
1.2 NAME J. DANIEL GARRISON
1.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
1.4 CITY-STATE-ZIP HOUSTON, TEXAS 77019 ☐ Change ☒ Addition

2.1 TITLE V
2.2 NAME FRANK BANGO
2.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
2.4 CITY-STATE-ZIP HOUSTON TEXAS 77019 ☐ Change ☒ Addition

3.1 TITLE V/D
3.2 NAME EARNEST E. POYNTER
3.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
3.4 CITY-STATE-ZIP HOUSTON, TEXAS 77019 ☐ Change ☒ Addition

4.1 TITLE S/T/D
4.2 NAME JOAN B. GOFF
4.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
4.4 CITY-STATE-ZIP HOUSTON, TEXAS 77019 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOAN B. GOFF

2/15/96

(713) 525-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)