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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 268235

1. Corporation Name

**ARLINGTON MEMORIAL PARK CEMETERY AND FUNERAL HOM
E, INC.**

Principal Place of Business

**1201 S. ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789**

Mailing Address

**1201 S. ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1963

4. FEI Number

59-1008713

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**KNOPKE, KEENAN L
1201 S. ORLANDO AVE.
SUITE 365
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION SYSTEM

82 Street Address

1200 PINE ISLAND ROAD

83

84 City

PLANTATION, FL 33324

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

TITLE **S** ☒ DELETE

NAME **OLVEY, CORINNE I**
STREET ADDRESS **1201 S ORLANDO AVE - STE 365**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **PAS** ☐ DELETE

NAME **KNOPE, KEENAN L**
STREET ADDRESS **1201 S ORLANDO AVE #365**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **VP** ☐ DELETE

NAME **HEFFRON, BRENT F**
STREET ADDRESS **1201 S ORLANDO AVE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **T** ☐ DELETE

NAME **MATASAVAGE, FRANK L**
STREET ADDRESS **1201 S ORLANDO AVE #365**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **AS** ☒ DELETE

NAME **PATRON, RONALD H**
STREET ADDRESS **110 VETERANS BLVD.**
CITY-ST-ZIP **METAIRIE LA 70005**

TITLE **AS** ☐ DELETE

NAME **BUDDE, KENNETH C**
STREET ADDRESS **110 VETERANS BLVD.**
CITY-ST-ZIP **METAIRIE LA 70005**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **ROWE, WILLIAM E.**
1.3 STREET ADDRESS **110 VETERANS MEMORIAL BLVD**
1.4 CITY-ST-ZIP **METAIRIE, LA 70005**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **HENICAN, JOSEPH P. III**
2.3 STREET ADDRESS **110 VETERANS MEMORIAL BLVD**
2.4 CITY-ST-ZIP **METAIRIE, LA 70005**

3.1 TITLE **AS** ☐ Change ☒ Addition

3.2 NAME **TRAHAN, LORALICE A.**
3.3 STREET ADDRESS **110 VETERANS MEMORIAL BLVD**
3.4 CITY-ST-ZIP **METAIRIE, LA 70005**

4.1 TITLE **T/S** ☒ Change ☐ Addition

4.2 NAME **MATASAVAGE, FRANK L.**
4.3 STREET ADDRESS **1201 S ORLANDO AVE #365**
4.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

5.1 TITLE **P/AS** ☒ Change ☐ Addition

5.2 NAME **KNOPKE, KEENAN L.**
5.3 STREET ADDRESS **1201 S ORLANDO AVE #365**
5.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

6.1 TITLE **D/VP/AS** ☒ Change ☐ Addition

6.2 NAME **HEFFRON, BRENT F.**
6.3 STREET ADDRESS **1201 S ORLANDO AVE #365**
6.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

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 807, 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 AND TYPED OR PRINTED NAME OF

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (11/98)