

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 285892 (6)

1. Corporation Name

FOUNTAINHEAD MEMORIAL PARK, INC.

Principal Place of Business

7300 BABCOCK ST SE
PALM BAY FL 32909

Mailing Address

C/O GIBALTAR MAUSOLEUM CORPORATION
9102 N MERIDIAN ST. SUITE 300
INDIANAPOLIS IN 46260

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
10/09/1964

3a. Date of last report
02/02/1994

4. FEI Number
59-1088279

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TIGHE, CHARLES
1589 COLONIAL BLVD.
FT. MYERS FL 33901

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 (Applicable)

(NOTE: Registered Agent signature required after 1/1/95)

12. OFFICERS AND DIRECTORS

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

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

TITLE TSD
NAME SHOGER, NEAL G.
STREET ADDRESS 9102 N. MERIDIAN ST #300
CITY, ST, ZIP INDIANAPOLIS IN

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY, ST, ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY, ST, ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY, ST, ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY, ST, ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 CITY, ST, 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 139.07(6)(b), 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:

Signature and typed or printed name of signing officer on filer's return

3-9-95