

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 329423 (8)

1. Corporation Name

LAKEVIEW MEMORIAL GARDENS, INC.



Principal Place of Business

9102 N. MERIDIAN ST. #300  
INDIANAPOLIS IN 46260

Mailing Address

9102 N. MERIDIAN ST. #300  
INDIANAPOLIS IN 46260

3. Date Incorporated or Qualified  
04/29/1968

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

2. Principal Place of Business  
21 3003 SOUTH MEMORIAL DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1929 ALLEN PARKWAY  
Suite, Apt. #, etc.  
27 9TH FLOOR DEPT 2934

4. FEI Number  
59-1260257  
Applied For  
Not Applicable

22 City & State  
23 AVON PARK FL  
Zip Country  
24 33825 25 USA

28 City & State  
28 HOUSTON TX  
Zip Country  
29 77019 30 USA

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

TIGHE, CHARLES W.  
1859 COLONIAL BLVD  
T MYERS FL 33901

10. Name and Address of New Registered Agent

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 607.0507 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 typed or printed name of registered agent and title if applicable

Debra L. Vincent  
Assistant Secretary

(NOTE: Registered Agent's signature required when reappointing)

DATE

2/14/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BRAMMER, TIMOTHY F.	9102 N. MERIDIAN ST #300	INDIANAPOLIS IN	<input checked="" type="checkbox"/>
VPD	BRAMMER, JAY A.	9102 N. MERIDIAN ST #300	INDIANAPOLIS IN	<input checked="" type="checkbox"/>
ST	SHOGER, NEAL G.	9102 N. MERIDIAN ST #300	INDIANAPOLIS IN	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
P/D	J. DANIEL GARRISON	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON, TEXAS 77019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	FRANK BANGO	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON TEXAS 77019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D	EARNEST E. POYNTER	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON TX 77019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T/D	JOAN B. GOFF	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON TEXAS 77019	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, 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)