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Feb 03 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 # 329423 (8)

1. Corporation Name
LAKEVIEW MEMORIAL GARDENS, INC.

Principal Place of Business

3003 SOUTH MEMORIAL DR
AVON PARK FL 33825
US

Mailing Address

1929 ALLEN PKWY
DEPT 2934
HOUSTON TX 77019-2507
US



3. Date Incorporated or Qualified 04/29/1968
3a. Date of Last Report 03/06/1996

4. FEI Number 59-1260257
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.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP SYSTEM
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARRISON, J DANIE;	
STREET ADDRESS	1929 ALLEN PKWY DEPT 2934	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BANGO, FRNAK	
STREET ADDRESS	1929 ALLEN PKWY DEPT 2934	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	POYNTER, EARNEST E	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GOFF, JOAN B	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIMOTHY J. CLAIBORNE	
1.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	
1.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD A. CHESLER	
3.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	
3.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KENNETH W. CONKLIN	
5.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	
5.4 CITY-ST-ZIP	HOUSTON TEXAS 77019	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARY JANE FRAZIER	
6.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	
6.4 CITY-ST-ZIP	HSOUTON, TEXAS 77019	

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 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 OR DIRECTOR

MS. JOAN B. GOFF

1/9/97

(713) 525-5571

Date

Daytime Phone

CR2E034 (9/96)