

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
**1829 ALLEN PKWY
DEPT 2834
HOUSTON TX 77019
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1968

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 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
85 Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CLAIBORNE, TIMOTHY J	1.2 NAME	FRANK BANGO
STREET ADDRESS	DPT 2834 9TH FL 1929 ALLEN PKWY	1.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	V	2.1 TITLE	VP
NAME	BANGO, FRANK	2.2 NAME	TIMOTHY J. CLAIBORNE
STREET ADDRESS	1929 ALLEN PKWY DEPT 2834	2.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	V	3.1 TITLE	DIRECTOR
NAME	CHESLER, RICHARD	3.2 NAME	SUZANNE DINEFF
STREET ADDRESS	DPT 2834 9TH FL 1929 ALLEN PKWY	3.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	STD	4.1 TITLE	
NAME	GOFF, JOAN B	4.2 NAME	
STREET ADDRESS	1929 ALLEN PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	CONKLIN, KENNETH	5.2 NAME	
STREET ADDRESS	DPT 2834 9TH FL 1929 ALLEN PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	DIRECTOR
NAME	FRAZIER, MARY JANE	6.2 NAME	LISA M. NEWBURN
STREET ADDRESS	DPT 2834 9TH FL 1929 ALLEN PKWY	6.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	HOUSTON TX 77

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 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/SECRETARY

713/522-5141

CR2E034 (10/97)