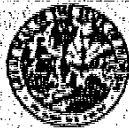


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:27

DOCUMENT # 347119 (0)

1. Corporation Name

GLEN HAVEN MEMORIAL PARK, INC.

Principal Place of Business

1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

Mailing Address

1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/26/1969

3a. Date of Last Report

06/03/1994

4. FEI Number

59-1280092

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD O BALDWIN JR
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK 32789

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 if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KNOPKE, RAYMOND C JR
STREET ADDRESS 301 N IVANHOE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE D/V
1.2 NAME William E. Rowe
1.3 STREET ADDRESS 110 Veterans Blvd.
1.4 CITY-ST-ZIP Metairie, LA 70005
☐ Change ☒ Addition

TITLE DT
NAME BERNER, L M
STREET ADDRESS 110 VETERAN'S BLVD.
CITY-ST-ZIP METAIRIE, LA 00000

2.1 TITLE V/T
2.2 NAME Frank L. Matasavage
2.3 STREET ADDRESS 2400 Harrell Road
2.4 CITY-ST-ZIP Orlando, FL 32817
☒ Change ☐ Addition

TITLE AS
NAME PATRON, RONALD H
STREET ADDRESS 110 VETERANS BLVD
CITY-ST-ZIP METAIRIE LA

3.1 TITLE V/D
3.2 NAME Richard O. Baldwin, Jr.
3.3 STREET ADDRESS 1201 S. Orlando Ave., Ste 365
3.4 CITY-ST-ZIP Winter Park, FL 32789
☐ Change ☒ Addition

TITLE AS
NAME BUDDE, KENNETH C
STREET ADDRESS 110 VETERANS BLVD
CITY-ST-ZIP METAIRIE LA

4.1 TITLE V
4.2 NAME James A. Hora
4.3 STREET ADDRESS 2400 Harrell Road
4.4 CITY-ST-ZIP Orlando, FL 32817
☐ Change ☒ Addition

TITLE VS
NAME OLVEY, CORINNE I
STREET ADDRESS 1201 S ORLANDO AVE, #365
CITY-ST-ZIP WINTER PARK FL

5.1 TITLE D
5.2 NAME Frank B. Stewart, Jr.
5.3 STREET ADDRESS 110 Veterans Blvd.
5.4 CITY-ST-ZIP Metairie, LA 70005
☐ Change ☒ Addition

TITLE V
NAME RHODUS, JANICE
STREET ADDRESS 2300 TEMPLE ST
CITY-ST-ZIP WINTER PARK FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 110.07(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 if applicable, or on an attachment with no change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corinne I. Olvey

2/16/95

407-740-7000

Date

Telephone #