FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789	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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1280092 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D/V	☐ Change ☒ Addition
NAME	KNOPKE, RAYMOND C JR	1.2 NAME	William E. Rowe	
STREET ADDRESS	301 N IVANHOE	1.3 STREET ADDRESS	110 Veterans Blvd.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Metairie, LA 70005	
TITLE	DT	2.1 TITLE	V/T	☒ Change ☐ Addition
NAME	BERNER, L M	2.2 NAME	Frank L. Matasavage	
STREET ADDRESS	110 VETERAN'S BLVD.	2.3 STREET ADDRESS	2400 Harrell Road	
CITY-ST-ZIP	METAIRIE, LA 00000	2.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE	AS	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	PATRON, RONALD H	3.2 NAME	Richard O. Baldwin, Jr.	
STREET ADDRESS	110 VETERANS BLVD	3.3 STREET ADDRESS	1201 S. Orlando Ave., Ste 365	
CITY-ST-ZIP	METAIRIE LA	3.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	AS	4.1 TITLE	V	☐ Change ☒ Addition
NAME	BUDDE, KENNETH C	4.2 NAME	James A. Hora	
STREET ADDRESS	110 VETERANS BLVD	4.3 STREET ADDRESS	2400 Harrell Road	
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE	VS	5.1 TITLE	D	☐ Change ☒ Addition
NAME	OLVEY, CORINNE I	5.2 NAME	Frank B. Stewart, Jr.	
STREET ADDRESS	1201 S ORLANDO AVE, #365	5.3 STREET ADDRESS	110 Veterans Blvd.	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	Metairie, LA 70005	
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	RHODUS, JANICE	6.2 NAME		
STREET ADDRESS	2300 TEMPLE ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	6.4 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 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: Corinne I. Olvey 2/16/95 407-740-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORINNE I. OLVEY

0047684 CP