

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

DOCUMENT # 369100

1. Corporation Name

PINEWOOD MEMORIAL CEMETERY, INC

Principal Place of Business

Mailing Address

P.O. Box 521
Big Key, Florida

c/o Gail Lawson
2225 Main St
FT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/01/70	3/15/95
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1367275	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing	Trust Fund Contribution
24	29	<input type="checkbox"/>	<input type="checkbox"/>
Country	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAIL M. LAWSON
2225 MAIN ST.
FT. MYERS FL 33901

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Gail M. Lawson

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, Gail	1.2 NAME	
STREET ADDRESS	2225 Main St.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS, FL 33901	1.4 CITY - ST - ZIP	
TITLE	SECRETARY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE LAWSON	2.2 NAME	
STREET ADDRESS	2225 MAIN	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33901	2.4 CITY - ST - ZIP	
TITLE	TREASURER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS LAWSON	3.2 NAME	
STREET ADDRESS	2225 MAIN	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL 33901	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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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 if changed, or on an attachment with an address

SIGNATURE:

Gail M. Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAIL M. LAWSON

1/26/96

Date

941 334-1411

Daytime Phone