Mailing Address

2929 S.E. OCEAN BLVD. (103-5)

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 396613

1. Corporation Name

Principal Place of Business

2929 S.E. OCEAN BLVD. (103-5)

CEMETERY STRUCTURES, INC.

**FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90212 045 \*\*\*150.00



P.O. BOX 1076		P.O. BOX 10/6 STUART FL 34996		DO NOT WRITE IN THIS SPACE			
STUART FL 34996 US		US		3. Date Incorporated or Qualifed			
					02/28/1972		į
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-1497211	N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
27					5. Certifcate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in	tangible	
24	25	29	0		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre				10. Name and Address of New Registered	Agent	
			81	Name			
NEWTON, H.L.				an Count Address (D.O. Boy Number in Not Accontable)			
2929 SE OCEAN BLVD. (103-5) STUART FL 34996			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
			83				
			1				
			84	City	FL	85 Zip	Code
							s registered
office or to	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	norizea oy	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as r	egistered
•	terriner man, erre accept me cong.						
SIGNATURE	Signature, typed or printed name of registered ag-	ant and title if applicable. (NOTE: R	Registered Ager	nt signature requir	red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
τιπιΕ	PO	☐ DELETE	1.1 TITLE			Change	Addition
NAME	NEWTON, H.L.		1.2 NAME				
STREET ADDRESS	2929 S.E. OCEAN BLVD.		1.3 STREET	ADDRESS			
–	STUART FL		1,4 CITY-S				
CITY-ST-ZIP	SD	☐ DELETE	2.1 TITLE			Change	Addition
·	NEWTON, JEAN	_	2.2 NAME				
NAME	2929 S.E. OCEAN BLVD.		1	TADORESS			
STREET ADDRESS				i			
CITY-ST-ZIP	STUART FL	( DELETE	2.4 CITY-5	51-ZIP		Change	Addition
TITLE	TD	□ oecete	1	1		[]] aa.	
NAME	NEWTON, JEAN		3.2 NAME				
STREET ADDRESS	2929 S.E. OCEAN BLVD.		3.3 STREE	TADDRESS			
CITY-ST-ZIP	STUART FL		34, CITY-5	T-ZIP			C Addition
TITLE	VD	☐ DELETE 4.1 T				Change	Addition
NAME	NEWTON, DENNIS		4. 2 NAME				
STREET ADDRESS	3227 APRIL ST.		4.3 STREE	TADDRESS			
CITY-ST-ZIP	LAKELAND FL		4.4 GITY- S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
		<u> </u>	6.2 NAME				
NAME			1	TADDRESS			
STREET ADDRESS			6.4 CITY-S				
CUDY OF ZIO	i e		0.4 CHY-5	1-2#			

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 arrival 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, with all other like empowered.

**SIGNATURE**