

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

FILED

Jan 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 501653 (0)

1. Corporation Name
CHUCK'S BURIAL VAULTS, INC.Principal Place of Business
1220 EAST SUMMERLIN ST.
PO BOX 176
BARTOW FL 33830Mailing Address
1220 EAST SUMMERLIN ST.
PO BOX 176
BARTOW FL 33830-50153. Date Incorporated or Qualified
04/20/19763a. Date of Last Report
02/23/19964. FEI Number
59-1681168Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLCARO, JOHN
1220 EAST SUMMERLIN
BARTOW FL 33830

81 Name

POLCARO, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)
3495 HIGHWAY 17 N.

83

84 City

BARTOW

FL

85

Zip Code
33830

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 of person or persons for registered agent and fee is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME POLCARO, JOHN CHARLES
STREET ADDRESS 1220 E. SUMMERLIN ST.
CITY- ST- ZIP BARTOW FL1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME POLCARO, JOHN CHARLES
1.3 STREET ADDRESS 3495 HIGHWAY 17 N.
1.4 CITY- ST- ZIP BARTOW, FL 33830TITLE V ☐ DELETE
NAME LEE, BONNIE
STREET ADDRESS 1220 E. SUMMERLIN ST.
CITY- ST- ZIP BARTOW FL2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME STUBBS, BONNIE
2.3 STREET ADDRESS 1220 E. SUMMERLIN ST.
2.4 CITY- ST- ZIP BARTOW, FL 33830TITLE ST ☐ DELETE
NAME POLCARO, CAROLE A
STREET ADDRESS 1220 E. SUMMERLIN ST.
CITY- ST- ZIP BARTOW FL3.1 TITLE ST ☒ Change ☐ Addition
3.2 NAME POLCARO, CAROLE A.
3.3 STREET ADDRESS 345 N.W. 24TH ST., APT 27
3.4 CITY- ST- ZIP WINTER HAVEN, FL 33880TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)