PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	669417
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1. Corzoratio	NOF LOVE PET MEMORIAL	PARK, INC.		S. S. Lincold and S.	\widetilde{G}_{i}
' 				A HORNER BARNO ONINA HANKI DINGA TIRAK 1900 DIDAK	BIBAL DIBAL BIBAL BIBAL BIBAL BEBA
Principal Plac	e of Business	Mailing Address		E LORVIO DIVIN DIVINE VARIE BIDDA LIDVE FEBR DIDAR	1844 1494 1944 1944 1944 1884
P.O. BOX 66		P.O. BOX 66			
MICANOPY FL	32667	MICANOPY FL 32667		DO NOT WRITE IN THIS	SSPACE
				3. Date incorporated or Qualified 05/01/1980	j
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2061224	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired [1]	\$8.75 Additional
City & Stat	ha	City & State			Fec Required
23		28		6. Election Campaign Emonsing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes the current year In	1
24	25	29	0	Personal Property Tax	[Yes [No
	9. Name and Address of Curren	Registered Agent	94 1	10. Name and Address of New Registered	Agent
STO	UT, FRANK W.		81 Name		
	NW 14TH PLACE		82 Street Add	fress (P.O. Box Number is Not Acceptable)	j
GAIt	NESVILLE FL 32605		83		!
· 					
			84 City	FI	85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obligat	P and 607.1508. Florida Statules of Florida. Such change was aut ions of, Section 607.0505, Florid	, the above named corporali horized by the corporali Ia Statutes	poration submits this statement for the purpose α innis board of directors. Thereby accept the appe	f changing its registered intrierit as registered
SIGNATURE	Signature, typed or printed name of registered agen	managay ismiya ismiya k	te		
12.	OFFICERS AN		agistered Agent segnature reques 1 13.	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	[] DELETE	1 1 TillE		[] Change [] Addition]
NAME	STOUT, FRANK W.		1.2 NAME		
STREET ADDRESS	4421 NW 14TH PLACE		13 STREET ADJRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		14 OTY-\$1-761		į i
TITLE	STD	[] DELETE	21111.€		[Change
NAME	STOUT, DOT		2.2 NAME		
STREET ADDRESS			23 STREET ADORESS		
CITY-ST-ZIP TITLE	GAINESVILLE FL 32605	DECETE	2 4 GHY+51+76* 3 1 THLF		[] Change [] Addage
NAME		E TOEVETE	3.7 NAM!	500002788 -02/26/99-	
STREET ADORESS	Ì		3.3 STREET ADDRESS	-02/25/35^-) ****150.00
CITY-ST-ZIP			34 CHY-S1-76	#### <u>100.00</u>) ****1,00.00
TITLE		[] DELETE	41 TilluF		[Change [Addition
NAME]		4 2 NAME		
STREET ADDRESS	1		4.3 STREEF LADDRESS		
CITY-ST-ZIP			4.4 CHY-51-ZiF		
TITLE	1	[] DECETE	5.1 TITLE		[Change [Addition
NAME	}		5.2 NAME		
STREET ADDRESS)		5 3 STREET ADDRESS		
CITY-ST-ZIP		[DELETE	54 City ST-2IP 64 Thus		LIMAna LIAdans
TITLE NAME		[i Dereit	€ 2 NAME		CINCIPAL (I ACOUNT)
STREET ADDRESS	1		63 STREET ACORESS		ダクスリリ
CITY-ST-ZIP			64 CHY-S1-7#		7-6

14. Thereby 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 6/17. 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:

1161/11 - W. S. 17-455