

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 21, 1999 8:00 am  
Secretary of State

05-21-1999 90002 019 \*\*\*\*61.25

DOCUMENT # 706997

1. Corporation Name

THE FLORIDA CONCRETE BURIAL VAULT ASSOCIATION, I  
NC.

Principal Place of Business

5050 NEW KINGS ROAD  
JACKSONVILLE FL 32209

Mailing Address

5050 NEW KINGS ROAD  
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/18/1964

4. FEI Number

59-2793405

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

9. Name and Address of Current Registered Agent

WOODARD, ROBERT F  
3717 38TH STREET  
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

MADDOX, JR., WILLIAM H.

82 Street Address (P.O. Box Number is Not Acceptable)

83

5050 New Kings Road

84 City

Jacksonville

FL

85 Zip Code

32209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*William H. Maddox, Jr.*  
Signature, typed or printed name of registered agent and fee if applicable.

*William H. Maddox, Jr.*

(NOTE: Registered Agent signature required when reinstating)

19 May 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CLEMENTZ, WILLIAM R  
STREET ADDRESS 2411 CRYSTAL DR  
CITY-ST-ZIP FT MYERS FL ☐ DELETE

TITLE SD  
NAME WOODARD, ROBERT F  
STREET ADDRESS 3717 38TH STREET  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE TD  
NAME MADDOX JR, WM H  
STREET ADDRESS 5050 NEW KINGS ROAD  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE VD  
NAME HICKS, DANIEL J  
STREET ADDRESS 13399 NW 113TH AVE RD  
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME WOODARD, JR., ROBERT F.  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 617, 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: *William H. Maddox, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 May 1999 (904) 765-2641

Date

Daytime Phone #

CR2E037 (11/98)