

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706997**

1. Entity Name  
**THE FLORIDA CONCRETE BURIAL VAULT  
ASSOCIATION, INC.**



Principal Place of Business  
**5050 NEW KINGS ROAD  
JACKSONVILLE, FL 32209**

Mailing Address  
**5050 NEW KINGS ROAD  
JACKSONVILLE, FL 32209**



02042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2793405**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MADDOX, WILLIAM H JR  
5050 NEW KINGS RD  
JACKSONVILLE, FL 32209**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000869772  
04/09/08-80063-009 61.25

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-2008**

Date

Daytime Phone # \_\_\_\_\_