

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717838 (7)

1. Corporation Name
Astoria **ASTOR PARK CEMETERY, INC.**



Principal Place of Business: **22200 BLUE CREEKLIDGE ROAD ASTOR FL 32102**
Mailing Address: **22200 BLUE CREEKLIDGE ROAD ASTOR FL 32102**

3. Date Incorporated or Qualified: **12/31/1969**
3a. Date of Last Report: **08/07/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2869820	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	6.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent

**HUTCHINSON, JOHN W
22200 BLUE CREEK LODGE ROAD
ASTOR FL 32102**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, JAMES E	1.2 NAME	
STREET ADDRESS	22406 BLUE CREEK LODGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAFSON, ALBERT	2.2 NAME	
STREET ADDRESS	54730 GUSTAFSON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, JOHN W	3.2 NAME	
STREET ADDRESS	22200 BLUE CREEK LODGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, WENDELL	4.2 NAME	
STREET ADDRESS	55726 DALE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YETTER, LAWRENCE D	5.2 NAME	
STREET ADDRESS	25625 PERCH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GARY L.	6.2 NAME	
STREET ADDRESS	53774 RIVER TRACE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR, FL. 32102	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *James E. Shaddix* _____ DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)