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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717838 (7)

1. Corporation Name
ASTOR PARK CEMETERY, INC.



Principal Place of Business 22200 BLUE CREEK LODGE ROAD ASTOR FL 32102	Mailing Address 22200 BLUE CREEK LODGE ROAD ASTOR FL 32102-2104
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3. Date Incorporated or Qualified 12/31/1969	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2869820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	FL
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 _____ (NOTE: Registered Agent; signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	SHADDIX, JAMES E	
STREET ADDRESS	22406 BLUE CREEK LODGE RD	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUSTAFSON, TOM	
STREET ADDRESS	4730 GUSTAFSON RD	
CITY-ST-ZIP	ASTOR FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, JOHN W	
STREET ADDRESS	22200 BLUE CREEK LODGE RD	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHEBER, WENDEL	
STREET ADDRESS	13725 DALBOIX	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LETTER, LAWRENCE D	
STREET ADDRESS	25095 PERCH RD	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, GARY L	
STREET ADDRESS	53744 RIVER TRACE RD.	
CITY-ST-ZIP	ASTOR FL 32102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D GUSTAFSON, TOM
2.3 STREET ADDRESS	54540 HWY. 40
2.4 CITY-ST-ZIP	ASTOR FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	D
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D ALSOBROOK, DENNIS
4.3 STREET ADDRESS	P.O. BOX 51 - "N/A"
4.4 CITY-ST-ZIP	ASTOR FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

[Signature] 352-759-2229

CR2E037 (9/96)