

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90010 032 ****61.25

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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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/31/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2869820	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSTX <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, JAMES E	1.2 NAME	HUTCHINSON, JOHN W
STREET ADDRESS	22206 BLUE CREEK LODGE RD X	1.3 STREET ADDRESS	22200 BLUE CREEK LODGE RD
CITY-ST-ZIP	ASTOR FL X	1.4 CITY-ST-ZIP	ASTOR FL 32102
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DST <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAFSON, TOM	2.2 NAME	HUNTSMAN, RUTH
STREET ADDRESS	5450 HWY 40	2.3 STREET ADDRESS	21329 DARDEN RD
CITY-ST-ZIP	ASTOR FL X X	2.4 CITY-ST-ZIP	ASTOR FL 32102
TITLE	DPX <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, JOHN W	3.2 NAME	SHADDIX, JAMES E
STREET ADDRESS	22200 BLUE CREEK LODGE RD	3.3 STREET ADDRESS	22406 BLUE CREEK LODGE RD
CITY-ST-ZIP	ASTOR FL X X X	3.4 CITY-ST-ZIP	ASTOR FL 32102
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSOBROOK, DENNIS	4.2 NAME	GUSTAFSON, TOM
STREET ADDRESS	P.O. BOX 511A	4.3 STREET ADDRESS	5450 HWY 40
CITY-ST-ZIP	ASTOR FL X	4.4 CITY-ST-ZIP	ASTOR FL 32102
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, GARYA	5.2 NAME	ALSOBROOK, DENNIS
STREET ADDRESS	53744 RIVER TRADE RD.	5.3 STREET ADDRESS	P.O. BOX 51N/A
CITY-ST-ZIP	ASTOR FL 32102	5.4 CITY-ST-ZIP	ASTOR FL 32102
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DAY, CAROL
STREET ADDRESS		6.3 STREET ADDRESS	22440 BLUE CREEK LODGE RD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ASTOR FL 32102

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: John W. Hutchinson 7/3/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 352-759-2229