2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

Jan 31, 2005 8:00 am Secretary of State **DOCUMENT # 740449** 1. Entity Name 01-31-2005 90057 014 ****70.00 TAYLOR CEMETERY, INC. Principal Place of Business Mailing Address 15818 N. S.R. 121 15818 N. S.R. 121 10000001 MACCLENNY FL 32063 MACCLENNY FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1787642 Not Applicable Zip Country Country \$8.75 Additional 5._Certificate_cf Status Desired Fee Required ~~~~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CREWS, W. TERRY Street Address (P.O. Box Number is Not Acceptable) 15818 N. S.R. 121 MACCLENNY FL 32063 City Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Director Delete TITLE TITLE Change Addition TAYLOR, CLARENCE Stewart Taylor NAME MAME 26291 C. R. 250 STREET ADDRESS STREET ADDRESS 26138 .C.R. 250 SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-7IP Sanderson, FL ח TITLE Addition Director ☐ Delete TITLE Change Benny Fish 710. Newport St ZANDER, BRANTLEY NAME NAME 21562 RED MAPLE CIRCLE STREET ADDRESS STREET ADDRESS SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-ZIP MACCENNY, FL 32063 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, HAROLD G NAME 16434 N CR 125 STREET ADDRESS STREET ADDRESS GLEN SAINT MARY FL 32040 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition TITLE DOWLING, MELVIN NAME NAME 15313 JACK DOWLING CIRCLE STREET ADDRESS STREET ADDRESS SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition JOHNS, CLYDE NAME NAME 16087 JACK DOWLING CIRCLE STREET ADDRESS STREET ADDRESS SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-ZIP TITLE 🔲 . Delete TITLE ☐ Change Addition CREWS, W T NAME NAME 15818 N. S.R. 121 STREET ADDRESS STREET ADDRESS GLEN ST. MARY FL 32040 CITY-ST-ZIP CITY-ST-7IP 12. 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 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

FILED