2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2006 8:00 am **Secretary of State DOCUMENT # 740449** 1. Entity Name 02-06-2006 90077 029 ****70.00 TAYLOR CEMETERY, INC. Principal Place of Business Mailing Address 15818 N. S.R. 121 MACCLENNY FL 32063 15818 N. S.R. 121 MACCLENNY FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1787642 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Due By May 1, 2006 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. D ☐ Change Addition ☐ Delete TITLE Benny Fish 9903 Linwood Dr TAYLOR, STEWART NAME NAME 26138 CR 250 STREET ADDRESS STREET ADDRESS Glen St. mary, FL 32040 SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE Ken Carter 15985 JACK Dowling Circle Ken ZANDER, BRANTLEY NAME NAME 21562 RED MAPLE CIRCLE STREET ADDRESS STREET ADDRESS SANDERSON FL 32087 Sunderson CITY-ST-ZIP CITY-ST-ZIP __ Dalete ☐ Change Addition TITLE TITLE NAME TAYLOR, HAROLD G NAME STREET ADDRESS 16434 N CR 125 STREET ADDRESS GLEN SAINT MARY FL 32040 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME DOWLING, MELVIN NAME STREET ADDRESS STREET ADDRESS 15313 JACK DOWLING CIRCLE CITY-ST-ZIP SANDERSON FL 32087 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Detete JOHNS, CLYDE NAME NAME 16087 JACK DOWLING CIRCLE STREET ADDRESS STREET ADDRESS SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-ZIP 5.7. Change ST TITLE Delete TITLE Addition Crews, W.T. 15918 N. S.R. 121 CREWS, W T NAME NAME 15818 N. S.R. 121 STREET ADDRESS STREET ADDRESS macclenny FL 32063 GLEN ST. MARY FL 32040 CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 116. 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 all other like empowered.

SIGNATURE:

M. Torry (rews) 1-35-06 904-359-6667