

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -1 PH12:49

**DOCUMENT # 759911 (1)**

1. Corporation Name  
**MARCO ISLAND CEMETERY, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 23 P.O. BOX 23  
MARCO ISLAND FL 33969 MARCO ISLAND FL 33969

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/03/1981** 3a. Date of Last Report **03/08/1994**  
4. FEI Number **59-2222856** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**ZUMBRUN, PHOEBE V.  
158 1ST AVE  
MARCO ISLAND FL 33937**

**10. Name and Address of New Registered Agent**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Phoebe V. Zumbun* **Phoebe V. Zumbun** **1/23/95**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOLTON, ALBERT
STREET ADDRESS	2 PAPAYA STREET
CITY - ST - ZIP	GOODLAND FL 33933
TITLE	D
NAME	RANIERI, RICK
STREET ADDRESS	1001 VALLEY
CITY - ST - ZIP	MARCO ISLAND FL 33937
TITLE	PD
NAME	ROACH, TANDY
STREET ADDRESS	950 MAPLE 130 Marco Villa South
CITY - ST - ZIP	MARCO ISLD FL 33937
TITLE	TM
NAME	ZUMBRUN, PHOEBE V.
STREET ADDRESS	158 1ST AVENUE
CITY - ST - ZIP	MARCO ISLAND FL 33937
TITLE	D
NAME	MACMORRIS, CLIFFORD
STREET ADDRESS	533 COCONUT AVENUE
CITY - ST - ZIP	GOODLAND FL 33933
TITLE	D
NAME	LANSDOWN, ROY
STREET ADDRESS	1370 AUBURNDALE AVE
CITY - ST - ZIP	MARCO ISLAND FL 33937

**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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tandy Roach* **Tandy Roach, President** **1/23/95** **813-394-3469**  
(Signature and typed or printed name of signing officer or director. Date Daytime Phone #)