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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759911
 1. Corporation Name
MARCO ISLAND CEMETERY, INC.

Principal Place of Business 489 W. ELKCAM CIRCLE MARCO ISLAND FL 34145 US	Mailing Address P.O. BOX 23 MARCO ISLAND FL 34146
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/03/1981	4. FEI Number 59-2222856 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
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9. Name and Address of Current Registered Agent ZUMBRUN, PHOEBE V. 457 TALLWOOD #307 MARCO ISLAND FL 34146	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
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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 D NAME HOLTON, ALBERT STREET ADDRESS 2 PAPAYA STREET CITY-ST-ZIP GOODLAND FL 34140	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME DFAULT, DANIEL 1.3 STREET ADDRESS 971 SCOTT DRIVE 1.4 CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME RANIERI, RICK STREET ADDRESS 1001 VALLEY CITY-ST-ZIP MARCO ISLAND FL 34145	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME THOMPSON, MICHAEL 2.3 STREET ADDRESS 521 5TH AVENUE 2.4 CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME ROACH, TANDY STREET ADDRESS 1817 N. BAHAMA AVE. CITY-ST-ZIP MARCO ISLD FL 34145	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME BOWEN, LESTER 3.3 STREET ADDRESS 1901 KIRK TERRACE 3.4 CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TM NAME ZUMBRUN, PHOEBE V. STREET ADDRESS 457 TALLWOOD #306 CITY-ST-ZIP MARCO ISLAND FL 34145	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME POTTER, JAMES 4.3 STREET ADDRESS MAPLE TREE DRIVE 4.4 CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MACMORRIS, CLIFFORD STREET ADDRESS 533 COCONUT AVENUE CITY-ST-ZIP GOODLAND FL 34140	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LANSDOWN, ROY STREET ADDRESS 1370 AUBURNDALE AVE. CITY-ST-ZIP MARCO ISLAND FL 34145	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Randy Roach* **REQUIRED** Feb 22, 1999 941-394-3469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0377916
CR2E037 (1-1/98)