

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # F40639 (9)

1. Corporation Name

FRASIER BURIAL VAULT MANUFACTURING COMPANY, INC.



Principal Place of Business

Mailing Address

**8370 OLD KINGS RD
PO BOX 536
JACKSONVILLE FL 32201**

**8370 OLD KINGS RD
PO BOX 536
JACKSONVILLE FL 32201**

3. Date Incorporated or Qualified
08/17/1981

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2148841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAM, FRASIER R JR
5124 GRANN LLOYD DRIVE
JACKSONVILLE, FL
32209**

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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
WILLIAMS, FRASIER R., JR**
STREET ADDRESS **5124 GRANN LLOYD DRIVE**
CITY, ST, ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **STD
WILLIAMS, TERRY J.**
STREET ADDRESS **5124 GRANN FLOYD DR**
CITY, ST, ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRASIER R. WILLIAMS, JR 1-16-96

Date: 02/14/96 Daytime Phone # 764-0334

CR2E034 (12/95)