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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

F40639

(9)

FRASIER BURIAL VAULT MANUFACTURING COMPANY, INC.

FILED Feb 20 1996 8:00 am Secretary of State

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	f Business	Mailing Address					
1370 OLD KIN PO BOX 536		6370 OLD KINGS RD PO BOX 536					
IACKSONVILLI	E FL 32201	JACKSONVILLE FL 32	22 0 1		3. Date Incorporated or Qualified 08/17/1981	3a. Date of La 02/03	ast Report 1/1995
Principal Plac	e of Business	2a. Mailing Address		A JANU	4. FEI Number		Applied For
		26			59-2148841		Not Applicat
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
lity & State		City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Ziβi	Country 25	Ζφ 29	Countr 30	у	8. This corporation has liability for Florida Statutes Yes		der s 199.032,
	g. Name and Address of Curren	<u></u>			10. Name and Address of New R	egistered Agen	it
			8	1 Name			
	, Frasier R JR Ann Lloyd drive		8:	2 Street Add	iress (P.O. Box Number is Not Acceptab	le)	
	NVILLE, FL		8	3			
32209			8	4 City		FL 85	Zip Code
Dine institu	the provisions of Sections 807.05.05	2 and 607 1508. Florida Statu	tes the above	-named corpo	oration submits this statement for the pur and of directors. I hereby accept the appo	nose of changing	its registered of
NATUEE s	on vine, typed or prints I have of registered agent OFFICERS AN	tand this if applicance (N ID-DIRECTORS	OTE Fingishmed As	ent signature require	ud when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	FCTORS IN 12
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cert fy 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 it made under onth, 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:

TUSCUE K WILLIAMS STRING OFFICER OFFIC

OFFICER OFFICE