FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F61021** **(4)**

1. Corporation Name
CEMETERY INVESTMENTS, INC.

Principal Place of Business
17007 U.S. HWY 19
HUDSON FL 34667

Mailing Address
17007 U.S. HWY 19
HUDSON FL 34667

3. Date Incorporated or Qualified: 01/05/1982	3a. Date of Last Report: 03/28/1995
4. FEI Number: 59-2147856	☐ 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

2. Principal Place of Business
21 1121 U. S. Highway 19
Suite, Apt. #, etc
22
City & State
23 Holiday, Florida
Zip 24 34690 Country 25

2a. Mailing Address
26 2312 U.S. Highway 19
Suite, Apt. #, etc.
27
City & State
28 Holiday, Fl 34691
Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~MASON, JOSEPH M JR~~
~~101 S MAIN ST.~~
~~BROOKSVILLE FL 34601~~

David J. Wollinka
2312 U.S. Hwy 19
Holiday, Fl. 34690-0649

10. Name and Address of New Registered Agent

81 Name: David J. Wollinka
82 Street Address (P.O. Box Number is Not Acceptable)
83 2312 U. S. Highway 19
84 City: Holiday, FL 85 Zip Code: 34691

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] 4-10-96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

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-05/13/96--01055--029
****200.00

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	AYERS, HARVEY	
STREET ADDRESS	18370 RUSSET ROAD	
CITY-ST-ZIP	BROOKSVILLE, FL 00000	
TITLE	VP ; D	☒ DELETE
NAME	BELL, GAYLON	
STREET ADDRESS	7532 SR 52	
CITY-ST-ZIP	BAYONET PT FL	
TITLE	P EARL E	☒ DELETE
NAME	PADGETT, [redacted]	
STREET ADDRESS	21 FRESHWATER DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	OS ; D	☒ DELETE
NAME	WOLLINKA, DAVID	
STREET ADDRESS	2312 HWY 19	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	☒ DELETE
NAME	ERICKSON, DWAIN	
STREET ADDRESS	7116 OXLEY ROAD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	T.	☒ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☒ Change ☐ Addition
1.2 NAME	Harvey Ayers	
1.3 STREET ADDRESS	P1694 W. Brightwater Court	
1.4 CITY-ST-ZIP	Homossassa, Fla 34448	
2.1 TITLE	Director	☒ Change ☐ Addition
2.2 NAME	Gaylon Bell	
2.3 STREET ADDRESS	7532 S. R. 52	
2.4 CITY-ST-ZIP	Hudson, Fl 34667	
3.1 TITLE	President - Director	☒ Change ☐ Addition
3.2 NAME	Earl E. Padgett	
3.3 STREET ADDRESS	1121 U. S. Highway 19	
3.4 CITY-ST-ZIP	Holiday, Fl 34690	
4.1 TITLE	Secretary - Director	☒ Change ☐ Addition
4.2 NAME	David J. Wollinka	
4.3 STREET ADDRESS	2312 U. S. Hwy. 19	
4.4 CITY-ST-ZIP	Holiday, Fl 34691	
5.1 TITLE	Director	☒ Change ☐ Addition
5.2 NAME	Dwain Erickson	
5.3 STREET ADDRESS	7116 Oxley Road	
5.4 CITY-ST-ZIP	Brooksville, Fl 34601	
6.1 TITLE	Director	☐ Change ☒ Addition
6.2 NAME	Patricia Strickland	
6.3 STREET ADDRESS	1010 River Heights Avenue	
6.4 CITY-ST-ZIP	Tampa, Fl 33603	

AEB 5-1-96

CR2E034 (12/95)

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] Secretary 4-9-96 (813) 937-4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #