FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

ANNUAL REPORT FILED
95 MAR 21 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000558

1. Corporation Name
B.J. PERRY CORP. DBA FORM YOU 3
3527 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: DECEMBER 1992
3a. Date of Last Report: JAN. 1994

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

4. FEI Number: 58-1862953 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JULIETTE COLEMAN
6490 BRAVA WAY
BOCA RATON, FL 33433

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

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

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JULIETTE COLEMAN
STREET ADDRESS	6490 BRAVA WAY
CITY ST ZIP	BOCA RATON, FL 33433
TITLE	TREASURER
NAME	JULIETTE COLEMAN
STREET ADDRESS	6490 BRAVA WAY
CITY ST ZIP	BOCA RATON FL 33433
TITLE	VICE PRESIDENT
NAME	ROBERT HATCHER
STREET ADDRESS	6490 BRAVA WAY
CITY ST ZIP	BOCA RATON FL 33433
TITLE	SECRETARY
NAME	ROBERT HATCHER
STREET ADDRESS	6490 BRAVA WAY
CITY ST ZIP	BOCA RATON FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	300001439253	
22 NAME	-03/24/95--01073--008	
23 STREET ADDRESS	****200.00 ****200.00	
24 CITY ST ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

3/21/95 MS

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)(i), Florida Statutes. 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: Juliette Coleman JULIETTE COLEMAN 3/14/95 407-395-5652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N92000000486 (2)**

1. Corporation Name

HOUSTON COMMUNITY CEMETERY INC.

Principal Place of Business	Mailing Address
RT 2 BOX 10 LIVE OAK FL 32060	RT 2 BOX 10 LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3148287 ☐ 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
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

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

9. Name and Address of Current Registered Agent

COOK, THELMA D
RT 2 BOX 10
LIVE OAK FL 32060

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

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: Mary E. Allen — 2-21-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, MARY E	12 NAME	
STREET ADDRESS	RT 2 BOX 89	13 STREET ADDRESS	
CITY-ST-ZIP	LIVEOAK FL	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	FORD, SHIRLEY	22 NAME	
STREET ADDRESS	RT 3 BOX 84	23 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	COOK, THELMA D	32 NAME	
STREET ADDRESS	RT 2 BOX 10	33 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	OZZIE, BELLE L	42 NAME	
STREET ADDRESS	RT 2 BOX 16	43 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	RONDTREE, RALPH	52 NAME	
STREET ADDRESS	RT 2 BOX 82	53 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	HERRING, SUMMER	62 NAME	
STREET ADDRESS	2783 RIVER OAK DR.	63 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	64 CITY-ST-ZIP	

800001435908
-03/22/95--01022--001
*****68.75 *****68.75

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)(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.

SIGNATURE: Mary E. Allen — 2-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Title: VP — 294-2325 Daytime Phone # — 3-20-95