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 # J40576 (7)

1. Corporation Name
ROYAL PALM MEMORIAL GARDENS, INC.

400001884514
-07/05/96--01020--014
***200.00

Principal Place of Business
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

Mailing Address
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

3. Date Incorporated or Qualified: 10/30/1986
3a. Date of Last Report: 03/24/1995

4. FEI Number: 59-2741049 ☐ 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
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

~~BALDWIN, RICHARD O. JR.~~
~~1201 SOUTH ORLANDO AVENUE~~
~~SUITE 365~~
~~WINTER PARK 32789~~

10. Name and Address of New Registered Agent

81 Name: Raymond C. Knopke, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 S. Orlando Ave. Suite 365
83
84 City: Winter Park, FL FL 85 Zip Code: 32789

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] DATE 4/29/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	VP/T	☐ Change ☒ Addition
NAME	KNOPKE, KEENAN L		1.2 NAME	Frank L. Matasavage	
STREET ADDRESS	~~3260 SW 8TH ST~~ 11655 S.W. 117th Ave		1.3 STREET ADDRESS	2400 Harrell Road	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE	DC	☒ DELETE	2.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	STEWART, FRANK B JR		2.2 NAME	Brian J. Marlowe	
STREET ADDRESS	110 VETERANS BLVD		2.3 STREET ADDRESS	6707 Democracy Blvd Suite 950	
CITY-ST-ZIP	MATAIRIE LA		2.4 CITY-ST-ZIP	Bethesda, MD 20817	
TITLE	V	☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	BAGGETT, WILLIAM		3.2 NAME	Norman A. Walker	
STREET ADDRESS	3260 S.W. 8TH STREET		3.3 STREET ADDRESS	5601 Greenwood Ave	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	DV	☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	ROWE, WILLIAM E		4.2 NAME	Michael Karlo	
STREET ADDRESS	110 VETERANS BLVD		4.3 STREET ADDRESS	5601 Greenwood Ave	
CITY-ST-ZIP	METAIRIE LA		4.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	SV	☐ DELETE	5.1 TITLE	AS	☐ Change ☒ Addition
NAME	OLVEY, CORRINE I		5.2 NAME	Ronald H. Patron	
STREET ADDRESS	1201 S ORLANDO AVE #365		5.3 STREET ADDRESS	110 Veterans Blvd	
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	Metairie, LA 70005	
TITLE	AS	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BUDDE, KENNETH C		6.2 NAME	Joseph P. Henican III	
STREET ADDRESS	110 VETERAN AVE.		6.3 STREET ADDRESS	110 Veterans Blvd	
CITY-ST-ZIP	METAIRIE LA		6.4 CITY-ST-ZIP	Metairie, LA 70005	

05-01-96 [illegible]

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] Corinne I. Olvey, VP/S 4/29/96 407/740-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date