

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90293 005 \*\*\*900.00

DOCUMENT # K11437

1. Corporation Name

OAKLAWN PARK CEMETERY AND FUNERAL HOME, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1988

4. FEI Number

59-2872325

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOPKE, KEENAN L  
1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789

81 Name

CT CORPORATION SYSTEM

82 Street Address

1200 PINE ISLAND ROAD

83

84 City

PLANTATION, FL 33324

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 obligation 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 PAS ☐ DELETE  
NAME KNOPE, KEENAN L  
STREET ADDRESS 1201 S ORLANDO AVE #365  
CITY-ST-ZIP WINTER PRK FL

1.1 TITLE AS ☐ Change ☒ Addition  
1.2 NAME TRAHAN, LORALICE A.  
1.3 STREET ADDRESS 110 VETERANS MEMORIAL BLVD  
1.4 CITY-ST-ZIP METAIRIE, LA 70005

TITLE VPSD ☐ DELETE  
NAME HEFFRON, BRENT F  
STREET ADDRESS 1201 S ORLANDO AVE #365  
CITY-ST-ZIP WINTER PRK FL

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME ROWE, WILLIAM E.  
2.3 STREET ADDRESS 110 VETERANS MEMORIAL BLVD  
2.4 CITY-ST-ZIP METAIRIE, LA 70005

TITLE T ☐ DELETE  
NAME MATASAVAGE, FRANK L  
STREET ADDRESS 1201 S ORLANDO AVE #365  
CITY-ST-ZIP WINTER PARK FL

3.1 TITLE P/AS ☒ Change ☐ Addition  
3.2 NAME KNOPKE, KEENAN L.  
3.3 STREET ADDRESS 1201 S ORLANDO AVE #365  
3.4 CITY-ST-ZIP WINTER PARK, FL 32789

TITLE S ☒ DELETE  
NAME OLVEY, CORINNE I  
STREET ADDRESS 1201 S ORLANDO AVE, #365  
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE T/S ☒ Change ☐ Addition  
4.2 NAME MATASAVAGE, FRANK L.  
4.3 STREET ADDRESS 1201 S ORLANDO AVE #365  
4.4 CITY-ST-ZIP WINTER PARK, FL 32789

TITLE AS ☐ DELETE  
NAME BUDD, KENNETH C  
STREET ADDRESS 110 VETERANS BLVD  
CITY-ST-ZIP METAIRIE LA

5.1 TITLE D/V/P/AS ☒ Change ☐ Addition  
5.2 NAME HEFFRON, BRENT F.  
5.3 STREET ADDRESS 1201 S ORLANDO AVE #365  
5.4 CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D ☐ DELETE  
NAME HENICAN, JOSEPH P III  
STREET ADDRESS 110 VETERANS MEMORIAL BLVD  
CITY-ST-ZIP METAIRIE LA

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME HENICAN, JOSEPH P. III  
6.3 STREET ADDRESS 110 VETERANS MEMORIAL BLVD  
6.4 CITY-ST-ZIP METAIRIE, LA 70005

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME

Brent F. Heffron

April 14, 1999  
(407) 740-7000

CR2E034 (11/98)

0000077