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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L29432**

1. Corporation Name

MEMORIAL PARK CEMETERY, INC.

| = | | | | | | |
|--|--|---|--|--|----------------------------------|-----------------------------|
| Principal Place | of Business | Mailing Address | | | | |
| 1201 SOUTH OF | RLANDO AVENUE | 1201 SOUTH ORLANDO AVEN | IUE | | | |
| SUITE 365 | | SUITE 365 | | DO NOT WRITE IN THI | S SPACE | |
| WINTER PARK FL 32789 | | WINTER PARK FL 32789 | | 3. Date Incorporated or Qualifed | | |
| | | | | 11/14/1989 | | |
| 2 Principal Pl | lace of Business | 2a, Mailing Address | | 4. FEI Number | Api | olied For |
| — · | ace of Dusiliess | 26 | | 59-2977889 | 1 1 | Applicable |
| 21 Suite, Apt. i | # etc | Suite, Apt. #, etc. | | | \$8.75 A | dditional |
| 22 | ., 5.5. | 27 | | 5. Certificate of Status Desired | Fee Re | quired |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to | Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year li | | _ |
| 24 | 25 | 29 30 | | Personal Property Tax. | · = | No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered | d Agent | |
| | | | 81 Name | CT CORPORATION SY | STEM | |
| | PKE, KEENAN L | | 82 Street | Address 4000 DINIT ICL AND DO | AD. | |
| | SOUTH ORLANDO AVENUE | | | 1200 PINE ISLAND RO | AD | |
| | E 365 | | 83 | | | |
| WINT | FER PARK FL 32789 | | 84 City | | | e |
| | | | | PLANTATION, FL 3332 | | , |
| 11 . Pursuant t | to the provisions of Sections 607.0502 | | | | | |
| agent. I ar SIGNATURE | m familiar with, and accept the polygar | as of Section 607.0905, Field | CHOR A | corporation submits this statement for the purpose oration's board of directors. I hereby accept the appropriate the submit of the purpose of | ointment as reg | gistered |
| agent. I ar | m familier worm, and accept the provingation of the state | t and title if applicable (NOTE: Re | norized by the corporal Statutes. George Agent signature of the corporal signature of the corpo | Ifano 3116 | 99 | |
| agent, I as | Signature, typed or printed hame of registered agent | t and title if applicable (NOTE: Re | a Statutes. egistered Agent signature re | Ifano 316 equired when reinstating) DATE | 99 | |
| agent. I ar SIGNATURE 12. TITLE | Signature, typed or printed hame of registered again OFFICEDE ANE | and title if applicable (NOTE: Re | a Statutes. CHO A agistered Agent signature re 13. | ADDITIONS/CHANGES TO OFFICERS A BUDDE, KENNETH C. | 99 AND DIRECTO | RS IN 12 |
| agent. I ar SIGNATURE 12. TITLE NAME | Signature, typed or printed hame of registered again OFFICERS AND S OLVEY, CORINNE! | t and title if applicable (NOTE: Re | egistered Agent signature in 13. | ADDITIONS/CHANGES TO OFFICERS A AS | 99 AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed hame of registred again OFFICERS AND S OLVEY, CORINNE! 1201 SOUTH ORLANDO AVENU | t and title if applicable (NOTE: Re | sgistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFICERS A BUDDE, KENNETH C. | 99 AND DIRECTO | RS IN 12 Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed hame of registered again OFFICERS AND S OLVEY, CORINNE! | t and title if applicable (NOTE: Re | agistered Agent signature re 13. 1.1 TITLE 1.2 NAME | AS BUDDE, KENNETH C. 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005 | 99 AND DIRECTO | RS IN 12 |
| AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed hame of registred again OFFICERS AND S OLVEY, CORINNE ! 1201 SOUTH ORLANDO AVENU WINTER PARK FL | t and title if applicable (NOTE: ReD DIRECTORS ## DELETE | sgistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | AS BUDDE, KENNETH C. 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005 AS | AND DIRECTO | RS IN 12 Addition |
| Agent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed hame of registred again OFFICERE AND S OLVEY, CORINNE I 1201 SOUTH ORLANDO AVENU WINTER PARK FL T MATASAVAGE, FRANK L | t and title if applicable (NOTE: ReD DIRECTORS ## DELETE | a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | AS BUDDE, KENNETH C. 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005 | AND DIRECTO | RS IN 12 Addition |
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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 is suppliemental 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 corpo at on 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



110 VETERANS MEMORIAL BLVD

METAIRIE LA

Brent F. Heffron

April 14, 1999 (407) 740-7000

6.3 STREET ADDRESS | 110 VETERANS MEMORIAL BLVD

METAIRIE, LA 70005