

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

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

96-97 AIR

DOCUMENT # L65042

1. Corporation Name

NORRIS MONUMENT COMPANY, INC.

Principal Place of Business

Mailing Address

1675 Cherry Street
Lake City, Florida
32055

Post Office Box 1125
Lake City, Florida
32056-1125

97 OCT 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2a. Mailing Address

21 1675 Cherry Street
Suite, Apt. #, etc.

2a Post Office Box 1125
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lake City, Florida
Zip Country

28 Lake City, Florida
Zip Country

24 32055

25 Columbia

29 32056

30 Columbia

3. Date Incorporated or Qualified

3a. Date of Last Report

04/12/1990

05/14/1996

4. FEI Number

59-1307131

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s 189.032.

Florida Statutes

XX Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Johnnie F. Norris, Sr.
1675 Cherry Street
Lake City, Florida 32055

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

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 NAME
STREET ADDRESS
CITY - ST - ZIP
DPresident
Johnnie F. Norris, Sr.
1675 Cherry St., Lake City, Fl.

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
DSecretary/Treasurer
Doris J. Norris
1675 Cherry St., Lake City, Fl.

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

14. I do 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris J. Norris, Doris J. Norris

October 9, 1997 904/752-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #