

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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L65042** (8)  
1. Corporation Name  
**NORRIS MONUMENT COMPANY, INC.**

Principal Place of Business  
**1675 CHERRY STREET  
LAKE CITY FL 32055**

Mailing Address  
**POST OFFICE BOX 1125  
LAKE CITY FL 32056**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1675 Cherry Street</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Lake City, FL, 32055</b> Zip <b>24 32055</b>		2a. Mailing Address <b>26 Post Office Box 1125</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Lake City, FL, 32056</b> Zip <b>29 32056</b>		3. Date Incorporated or Qualified <b>04/12/1990</b>	
2. Principal Place of Business <b>21 1675 Cherry Street</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Lake City, FL, 32055</b> Zip <b>24 32055</b>		2a. Mailing Address <b>26 Post Office Box 1125</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Lake City, FL, 32056</b> Zip <b>29 32056</b>		4. FEI Number <b>59-1307131</b>	
2. Principal Place of Business <b>21 1675 Cherry Street</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Lake City, FL, 32055</b> Zip <b>24 32055</b>		2a. Mailing Address <b>26 Post Office Box 1125</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Lake City, FL, 32056</b> Zip <b>29 32056</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
2. Principal Place of Business <b>21 1675 Cherry Street</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Lake City, FL, 32055</b> Zip <b>24 32055</b>		2a. Mailing Address <b>26 Post Office Box 1125</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Lake City, FL, 32056</b> Zip <b>29 32056</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
2. Principal Place of Business <b>21 1675 Cherry Street</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Lake City, FL, 32055</b> Zip <b>24 32055</b>		2a. Mailing Address <b>26 Post Office Box 1125</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Lake City, FL, 32056</b> Zip <b>29 32056</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>NORRIS, SR, JOHN F 1675 CHERRY ST LAKE CITY FL 32055</b>				10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>NORRIS, SR, JOHN F 1675 CHERRY ST LAKE CITY FL 32055</b>				81 Name <b>NORRIS, SR., JOHNNIE F. (Correction)</b>	
9. Name and Address of Current Registered Agent <b>NORRIS, SR, JOHN F 1675 CHERRY ST LAKE CITY FL 32055</b>				82 Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of Current Registered Agent <b>NORRIS, SR, JOHN F 1675 CHERRY ST LAKE CITY FL 32055</b>				83	
9. Name and Address of Current Registered Agent <b>NORRIS, SR, JOHN F 1675 CHERRY ST LAKE CITY FL 32055</b>				84 City <b>FL</b> 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	<b>DP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORRIS, SR., JOHNNIE F.</b>	1.2 NAME	<b>NORRIS, SR., JOHNNIE F. (correction)</b>
STREET ADDRESS	<b>1675 CHERRY ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORRIS, DORIS J.</b>	2.2 NAME	
STREET ADDRESS	<b>1675 CHERRY ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE

*Doris J. Norris*

**Doris J. Norris DST January 13, 1998 904/752-1005**

CR2E034 (10/97)