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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L65042

NORRIS MONUMENT COMPANY, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90071 010 ***158.75

Principal Place	e of Business	Mailing Address				11981181, 512 51121 61111 61311 61314 111			
1675 CHERRY STREET POST OFFICE BOX 1125									
LAKE CITY FL 32055 LAKE CITY FL 32056						DO NOT WOITE	NI TUUO O	DAOE	
						DO NOT WRITE I	N THIS S	PACE	
ll:						3. Date Incorporated or Qualifed 04/12/1990			
2. Principal P	lace of Business	2a. Mailing Address		•		4. FEI Number		Ap	plied For
21		26				59-1307131		. No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27				O. Cormodic of China Doores		Fee Re	equired ·
City & Stat	le	City & State				6. Election Campaign Financing	1		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		untry		8. This corporation owes the current	_	_	
24	25	29	30	,		Personal Property Tax.		_ Yes	ØNo
	9. Name and Address of Curre	ent Registered Agent		94		10. Name and Address of New Regi	stered Aç	jent	
NOD	IDIO CD IOUN E			81	Name				
	RIS, SR, JOHN F			82	Street Addr	ess (P.O. Box Number is Not Acceptable))		
	CHERRY ST								
LAKE	E CITY FL 32055			83					
				84	City			85 Zip	Code
					•		FL		
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Florida. Such change was	s authorize	d by th	-named corp he corporation	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of cn e appointr	nent as re	gistered
SIGNATURE									
	Signature, typed or printed name of registered ag	gent and title if applicable	TE Registere	d Agent	signature require	d when reinstating)	DATE		
12.	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable	TE· Registerer	<u> </u>	signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	DRS IN 12
12.					signature require		ERS AND	DIRECTO	DRS IN 12
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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 or susplemental 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 of 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 any address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINT