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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M47863

(9)

Mailing Address

DAWSON MONUMENT COMPANY, INC.

FILED
Jan 28 1997 8:00am
Secretary of State

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1141 LAKE CL WEST PALM B	arke drive Beach FL 33406	1141 LAKE CLARKE DRIVE WEST PALM BEACH FL 3:					
					3. Date Incorporated or Qualified 03/06/1987	3a. Date of La	
, ,	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26			12-5927700		Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State 23		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip 24	Country 25	Zip 29	Country 30			Yes 🔲 No	ler s. 199.032,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	istered Agent	
	JSTON, PHILLIP C., ESQ.		61 N	ame			
	5 Palm Lakes BLVD. Te 450		82 S	treet Addre	ess (P.O. Box Number is Not Acceptabl	е)	
	PALM BEACH FL 33401		83				
			84 C	ity		FL 85	Zip Code
i office or r	edistered adent, or both, in the St	0502 and 607 1508, Florida Statuti tate of Florida. Such change was a oligations of, Section 607.0505, Flo	uithorized by the	med corporati	oration submits this statement for the pu on's board of directors. I hereby accept	rrose of chanci	ng its registered it as registered
SIGNATURE							
	Signature, typicd or ponted name or registerer		Registered Agent si	gnature require		DATE	
12. Title	DIFICERS	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE		
NAME	DAWSON, WILLIAM H.	C percit	1.1 TITLE			☐ Char	nge 🔲 Addition
	1141 LAKE CLARKE DR.		1.2 NAME		•		
STREET ADDRESS	W. PALM BEACH FL		1.3 STREET ADD				
CITY-ST-ZIP TITLE	Б	DELETE	1.4 CITY-ST-ZI 2.1 TITLE			Char	nge
NAME	DAWSON, SYLVIA F.		2.2 NAME			ليا ناها	inge 🗀 Abdition
STREET ADDRESS	1141 LAKE CLARKE DR.		2.3 STREET ADD	nrec			j
CITY-ST-ZIP	W. PALM BEACH FL		2.3 STREET ADD 2.4 CITY-ST-Zi				
TITLE		DELETE	3 1 TITLE	-		☐ Chai	nge Addition
NAME			3.2 NAME			ري د	1 400111011
STREET ADDRESS			3.3 STREET ADD	RESS			ĺ
CITY-ST-7/P			3.4. CITY-ST-Z				
TITLE		DELETE	4.1 TITLE	` 		Char	nge Addition
NAME			4. 2 NAME	ŀ			
STREET ADDRESS			4.3 STREET ADD	RESS			j
CITY-ST-ZIP			4.4 CITY - ST - ZH				
TITLE		DELETE	5.1 TITLE			☐ Char	nge Addition
NAME			5.2 NAME		,		
STREET ADDRESS			5.3 STREET ADD	RESS			
CITY - ST - ZIP			5.4 CITY - ST - ZII			•	
TITLE		DELETE	6.1 TITLE			Char	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	RESS			
CITY-ST-ZIP			6.4 CITY-ST-ZI	1			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-22-97 561-585.27

Daytime Phone #