FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 20 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10626 (2)

1. Corporation Name

QUITMAN CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MITCHELL GIVENS ROUTE 1, BOX 1090, HWY 127 P O BOX 300 32087-9700	C/O MITCHELL GIVENS ROUTE 1, BOX 1090, HWY 127 P O BOX 300 32087-9700

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1985
3a. Date of Last Report: 03/10/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 N/A	26 N/A		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22 N/A	27 N/A		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23 N/A	28 N/A		
Zip: 24 N/A; Country: 25 N/A	Zip: 29 N/A; Country: 30 N/A	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GIVENS, MITCHELL
ROUTE 1, BOX 1090
HWY 127
SANDERSON FL 32087

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable): N/A
83 N/A
84 City: N/A FL 85 Zip Code: N/A

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: X Mitchell Givens — 4 H - 17-95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GIVENS, MITCHELL	1.2 NAME	
STREET ADDRESS	RT. 1 BOX 1090 HWY. 127	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CASON, ARMETTI	2.2 NAME	
STREET ADDRESS	3 MICHAEL CASM RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLUSTEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, ALRIDGE	3.2 NAME	
STREET ADDRESS	RAILROAD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLUSTEE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	LUCIOUS, WILLIAMS	4.2 NAME	
STREET ADDRESS	13913 WEST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST MARY FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	FORD, EUGENE	5.2 NAME	
STREET ADDRESS	145 JOHN DAVIS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Mitchell Givens — 4 H - 17 - 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023124