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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10626** (2)

1. Corporation Name

QUITMAN CEMETERY ASSOCIATION, INC.



Principal Place of Business C/O MITCHELL GIVENS ROUTE 1, BOX 1090, HWY 127 P O BOX 300 32087-9700	Mailing Address C/O MITCHELL GIVENS ROUTE 1, BOX 1090, HWY 127 P O BOX 300 32087-9700
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3. Date Incorporated or Qualified

08/09/1985

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRIDGE, MARSHALL	1.2 NAME	
STREET ADDRESS	RAILROAD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLUSTEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LUCIOUS	2.2 NAME	
STREET ADDRESS	13913 WEST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST MARY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, ALDRIDGE	3.2 NAME	
STREET ADDRESS	RAILROAD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLUSTEE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	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	

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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 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:

Mitchell Givens

3-5 1998

CR2E037 (10/97)