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 MAY -1 PM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17698 (4)

1. Corporation Name

OLD SPRINGHILL/BASS CEMETERY, INC.

Principal Place of Business	Mailing Address
205 SAN MIGUEL MILTON FL 32583-5601	205 SAN MIGUEL MILTON FL 32583-5601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1986
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2729024 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BASS, WILLIAM H.
205 SAN MIGUEL
MILTON FL 32570

10. Name and Address of New Registered Agent

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 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BASS, CHARLES D	1.2 NAME		
STREET ADDRESS	1920 E. NINE MILE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	TOMPKINS, H.B.	2.2 NAME		
STREET ADDRESS	90 GRANT STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BASS, WILLIAM H.	3.2 NAME		
STREET ADDRESS	205 SAN MIGUEL	3.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BASS, VIVIAN V.	4.2 NAME	William E. Bass	
STREET ADDRESS	205 SAN MIGUEL	4.3 STREET ADDRESS	207 San Miguel	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	Milton, Fl	
TITLE		5.1 TITLE	SD	☐ Change ☒ Addition
NAME		5.2 NAME	Frieda B. Norrell	
STREET ADDRESS		5.3 STREET ADDRESS	4332 Coldsprings Dr	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pensacola, Fl	
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: William H. Bass 4-25-95 904-434-5899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William H. Bass

007B47