

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38439 (8)

1. Corporation Name

CRANE CEMETERY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7000 SHERMAN ST
MILTON FL 32570

7000 SHERMAN ST
MILTON FL 32570

6300 Wolfe Rd
Milton, FL 32570

6300 Wolfe Rd.
Milton, FL 32570

3. Date Incorporated or Qualified
06/01/1990

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3015638

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINOTE, W N
7000 SHERMAN ST
MILTON FL 32570

(Deceased)

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 Imogene Sonnier

Imogene Sonnier

June 9, 1996

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
NAME HINOTE, W N
STREET ADDRESS 7000 SHERMAN ST
CITY - ST - ZIP MILTON FL

DELETE

1.1 TITLE P.D. Hillory Bass
1.2 NAME 6300 Wolfe Rd.
1.3 STREET ADDRESS Milton, FL 32570
1.4 CITY - ST - ZIP

Change Addition

TITLE VD
NAME BAXLEY, BENNIE
STREET ADDRESS RT 6 BOX 177A
CITY - ST - ZIP MILTON FL

DELETE

2.1 TITLE V.D. Faye Jones
2.2 NAME 5490 Berryhill Rd.
2.3 STREET ADDRESS Milton, FL 32570
2.4 CITY - ST - ZIP

Change Addition

TITLE D
NAME SONNIER, IMOGENE
STREET ADDRESS 6337 PANSY DR
CITY - ST - ZIP MILTON FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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)(x), 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: Imogene Sonnier Imogene Sonnier

June 9, 1996 904 623-3281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #