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FILED

Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004503 (8)

1. Corporation Name

BAY HILL CEMETERY, INC.

Principal Place of Business

Mailing Address

55 CR 706  
BUSHNELL FL 33513PO BOX 1294  
BUSHNELL FL 33513-1294  
US3. Date Incorporated or Qualified  
09/09/19943a. Date of Last Report  
04/25/1996

4. FEI Number

59-3313377

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERKINS, MARSHA W  
55 CR 706  
BUSHNELL FL 33513

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 P ☐ DELETENAME BRANCH, JIMMIE L  
STREET ADDRESS 4045 CR 624  
CITY-ST-ZIP BUSHNELL FL1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE VP ☐ DELETENAME LANCASTER, PENNY R  
STREET ADDRESS 1157 CRR 602  
CITY-ST-ZIP BUSHNELL FL2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ST ☐ DELETENAME PERKINS, MARSHA WOODWARD *Correct Spelling "Woodard"*  
STREET ADDRESS 55 CR 706  
CITY-ST-ZIP BUSHNELL F3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME PERKINS, STEPHEN P  
STREET ADDRESS 55 CR 706  
CITY-ST-ZIP BUSHNELL F4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME PARKER, WAYNE  
STREET ADDRESS 4385 SW 81ST ST  
CITY-ST-ZIP BUSHNELL FL5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE D ☒ DELETENAME WOODARD, NELL B  
STREET ADDRESS 19 CR 706  
CITY-ST-ZIP BUSHNELL F6.1 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 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:

MARSHA W. PERKINS 1/28/97 (352) 793-5126

CR2E037 (9/96)