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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000036
 1. Corporation Name
MT. OLIVET-MANTOWN CEMETERY, INC.

Principal Place of Business COUNTY RD. #125 GLEN ST. MARY FL 32040	Mailing Address P.O. BOX 532 MACCLENNY FL 32063
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/06/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-2148372 Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FRASER, CARL B 821 BOBBY SAPP RD. MACCLENNY FL 32063				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, CARL B	1.2 NAME	
STREET ADDRESS	821 BOBBY SAPP RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, W.T. (BUCK)	2.2 NAME	
STREET ADDRESS	P.O. BOX 192 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL 32087	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISER, FAY	3.2 NAME	
STREET ADDRESS	562 JONATHAN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISER, CONRAD L	4.2 NAME	
STREET ADDRESS	562 JONATHAN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACLENNY FL 32063	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, BILLY	5.2 NAME	
STREET ADDRESS	RT. 1 BOX 532 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACLENNY FL 32063	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, SCHELL	6.2 NAME	
STREET ADDRESS	P.O. BOX 144 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Carl B. Fraser SIGNATURE REQUIRED FRASER DP JAN. 6, 1999 904 259-2916
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)