

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000529

1. Corporation Name

PINEWOOD MAIN STREET CEMETERY SUPPORT CORPORATIO
N, INC.

Principal Place of Business

409 NO OLEANDER AVENUE
DAYTONA BEACH FL 32118-033
US

Mailing Address

409 NO OLEANDER AVENUE
DAYTONA BEACH FL 32118-033
US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/30/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3431970	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <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	
KERRIS, WILLIAM E 409 NO OLEANDER AVENUE DAYTONA BEACH FL 32118				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 City	
				84 City	
				85 Zip Code	

I, 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 BAGGETT, WILLIAMS B	1.1 TITLE	D Secretary-Treasurer
NAME	188 PALM SPARROW COURT	1.2 NAME	Howard H. Wetherell
STREET ADDRESS	PORT ORANGE FL 32119	1.3 STREET ADDRESS	525 N. Halifax Ave. #7
CITY-ST-ZIP	PORT ORANGE FL 32119	1.4 CITY-ST-ZIP	Daytona Beach, FL 32118-4066
TITLE	D CARVAGNO, SEBASTIAN B	2.1 TITLE	D August Beck, Jr.
NAME	316 MAIN ST	2.2 NAME	1302 San Jose Blvd.
STREET ADDRESS	DAYTONA BEACH FL 32118	2.3 STREET ADDRESS	Holly Hill, FL 32117
CITY-ST-ZIP	DAYTONA BEACH FL 32118	2.4 CITY-ST-ZIP	
TITLE	D IRWIN, JACK	3.1 TITLE	D Thomas Scianablo
NAME	1439 CHAMALE LANE	3.2 NAME	405 Main Street
STREET ADDRESS	PORT ORANGE FL 32119	3.3 STREET ADDRESS	Daytona Beach 32118
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP	
TITLE	D KERRIS, WILLIAM E	4.1 TITLE	
NAME	409 NO OLEANDER AVE.	4.2 NAME	
STREET ADDRESS	DAYTONA BEACH FL 32118	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	4.4 CITY-ST-ZIP	
TITLE	D NELSON, JAMES T	5.1 TITLE	
NAME	3727 SO ATLANTIC AVE 928 S. Peninsula Dr	5.2 NAME	
STREET ADDRESS	DAYTONA BEACH FL 32114 32118	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114 32118	5.4 CITY-ST-ZIP	
TITLE	D SIMONS, CLAYTON	6.1 TITLE	
NAME	1171 PEACHTREE ROAD	6.2 NAME	
STREET ADDRESS	DAYTONA BEACH FL 32114	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99 904 259-5754

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