FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000004753 (9)**

1. Corporation Name

FOREVERGLADES CEMETERY, INC.

Principal Place of Business

1500 AIRPORT RD
BELLE GLADE FL 33430
US

Mailing Address

2235 PRIMROSE PL LANE
LAWRENCEVILLE GA 30244
US

3. Date Incorporated or Qualified: **11/10/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3152213** ☐ 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

2. Principal Place of Business

21 _____

22 State, Apt. #, etc. _____

23 City & State _____

24 Zip _____ 25 Country _____

2a. Mailing Address

26 1200 Auburn St

27 St., Apt. #, etc.

28 City & State Whitman Mass

29 Zip 02332 30 Country

9. Name and Address of Current Registered Agent

CLAIBORNE, TIMOTHY J
1500 AIRPORT RD
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name John Wesley Willyoung

82 Street Address (P.O. Box Number Not Acceptable) 4926 N. Lois Ave Suite A-2

83

84 City TAMPA FL 85 Zip Code 33614

11. Pursuant to the provisions of Sections 607.0502 and 607.1716, 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 John W. Willyoung John W. Willyoung 3-26-96
Signature of new registered agent (if changing) Name of new registered agent (if changing) Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TAVERNA, DOMENIC P	
STREET ADDRESS	1200 AUBURN ST.	
CITY-ST-ZIP	WHITMAN MA 02382	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: Domenic P Taverna 3-10-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Phone: 1-86-223-4396

CR2E034 (12/95)