

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

MAY 1 1995 9:07

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER W. HAYES
COMMISSIONER

DOCUMENT # P93000033535 (4)

GAINESVILLE MONUMENT SERVICE, INC.

2135 S.E. 4TH ST.
GAINESVILLE FL 32601

2135 S.E. 4TH ST.
GAINESVILLE FL 32601

21	22	23	24	25	26	27	28	29	30
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3. Date incorporated (if amended)	3a. Date of last report
05/10/1993	06/08/1994
4. File Number	Applied For
59-3192304	Not Applicable
5. Certificate of Status Expired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation is in compliance with Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAPERLE, CHRISTOPHER C. 4608 SE 2ND PLACE GAINESVILLE FL 32604				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.05(1) and 607.1508, 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. Thereby, it ceases the appointment as registered agent. I am hereby withdrawing the qualifications of Section 607.05(1), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
OFFICER	NAME AND ADDRESS	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP	LAPERLE, CHRISTOPHER C 2135 S.E. 4TH ST. GAINESVILLE FL 32601	2. NAME	
OFFICER	NAME AND ADDRESS	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS	LAPERLE, CONNIE J 2135 S.E. 4TH ST. GAINESVILLE FL 32601	4. NAME	
OFFICER	NAME AND ADDRESS	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME AND ADDRESS	6. NAME	
OFFICER	NAME AND ADDRESS	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME AND ADDRESS	8. NAME	
OFFICER	NAME AND ADDRESS	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME AND ADDRESS	10. NAME	

14. I, the undersigned, certify that the information supplied with this filing is verifiably true and correct and that the corporation is in compliance with the provisions of Sections 607.05(1) and 607.1508, Florida Statutes. I further certify that the information submitted in this report is true and correct and that my signature is in full compliance with the provisions of Sections 607.05(1) and 607.1508, Florida Statutes, and that my signature is in full compliance with the provisions of Section 607.05(1), Florida Statutes.

SIGNATURE: *Chris Laperle* DATE: 4-13-95