FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000058792 (0)

MASTER CRAFT MEMORIALS, INC.

PLANT CITY FL

CITY-ST-ZP

STREET ADDRESS CITY - ST - ZIP

HILE

NAME

Principal Place of Business Mailing Address 504 SOUTH COLLINS STREET 504 SOUTH COLLINS STREET PLANT CITY FL 33566-5538 PLANT CITY FL 33566 3. Date incorporated or Qualified 3a. Date of Last Report 08/09/1994 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3261883 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Ζıp Country Ζıρ This corporation has liability for Intangible tax under s. 199.032, Florida Statutes X Yes No 24 25 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name HARRISON, RUDOLPH H **504 SOUTH COLLINS STREET** 62 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33566 **B3** RA City Zip Code 11. Pursuant to the provisions of Sections 607,0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: type dior ponted namé of registerou agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. Change Addition DELETE 1.1 TITLE TITLE HARRISON, RUDOLPH CR2E034 NAME 1.2 NAME 306 W. TEVER STREET 1.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE HARRISON, DANNY G NAME 2.2 NAME 114 BOLENDER ROAD 2.3 STREET ADORESS STREET ADDRESS AUBURNDALE FL 2 4 CITY-ST-ZIP CHY-S1-ZIP DELETE Change Addition TOLE 3.1 TITLE HUBER, MICHAEL 32 NAME NAME 4713 W. TRILBY **33 STREET ADDRESS** STREET ADDRESS TAMPA FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change 41 TITLE ___ Addition TITLE HARRISON, SHANE 4 2 NAME NAME 114 BOLLENDER STREET ADDRESS 4 3 STREET ADDRESS AUBURNDALE FL 4.4 CITY+ST-ZIP CITY-S1-7-P DELETE Change Addition 51 TITLE Tille HARRISON, LORRAINE 5.2 NAME NAME 306 W. TEVER ST. STREET ADDRESS **5.3 STREET ADDRESS**

5.4 CITY+ST-ZIP

6.4 CITY - ST - ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

14. I do he eby 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 compilation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the appears in Block 12 or Block 13 riged, or on an attachment with an address. SIGNATURE:

SIGNING OFFICER OR DIRECTOR

DELETE

FILED

Mar 07 1997 8:00am

Secretary of State

813-754-2113

Change

Addition