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

SIGNATURE: James & Johnson JAMES & THOMASON SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P94000078854 (4)

| FLORI                                                     | DA CEMETERIES, INC.                                                           |                                                                       |                                                       |                                                                                                                                                |                                       |
|-----------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2017 PLANTATION KEY CIRCLE 2017 PLANTAT APT. 203 APT. 203 |                                                                               | Mailing Address . 2017 PLANTATION & APT. 203 BRANDON FL 33511         |                                                       |                                                                                                                                                |                                       |
|                                                           |                                                                               |                                                                       |                                                       | 3. Date Incorporated or Qualified 10/26/1994                                                                                                   | 3a. Date of Last Report<br>06/20/1995 |
| 2. Principal Plac                                         | ce of Business                                                                | 2a. Mailing Address<br>26                                             | ·                                                     | 4. FEI Number 59-3315617                                                                                                                       | Applied For                           |
| Suite, Apt #,                                             | etc.                                                                          | Suite, Apt. #, etc.                                                   |                                                       | 5. Certificate of Status Desired                                                                                                               | Not Applicable \$8.75 Additional      |
| City & State                                              |                                                                               | City & State                                                          |                                                       |                                                                                                                                                | Fee Required                          |
| 23                                                        |                                                                               | 28                                                                    |                                                       | 6. Election Campaign Financing Trust Fund Contribution                                                                                         | \$5.00 May Be<br>Added to Fees        |
| Zip<br>24                                                 | Country 25                                                                    | Zip                                                                   | Country<br>30                                         | 8. This corporation has liability for                                                                                                          | intangible tax under s. 199.032,      |
| ····                                                      | 9. Name and Address of Curre                                                  | 29 <br>ent Registered Agent                                           | [30]                                                  | Florida Statutes Yes  10. Name and Address of New F                                                                                            |                                       |
| 1444000                                                   |                                                                               |                                                                       | 81 Name                                               | D. Michael Lins, Esq                                                                                                                           |                                       |
| Wheeler, Richard F<br>217 East Robertson St               |                                                                               |                                                                       | 82 Street                                             | Address (P.O. Box Number is Not Acceptate                                                                                                      | <i>4</i>                              |
| BRANDON FC 33511                                          |                                                                               |                                                                       |                                                       | 502 N. Dale Mabry                                                                                                                              | ,                                     |
| 2,4,10                                                    | .,,                                                                           |                                                                       | B3 Sw                                                 | ite 314                                                                                                                                        |                                       |
|                                                           |                                                                               |                                                                       | 84 City -                                             | Tampa                                                                                                                                          | FL 85 Zip Code                        |
| 11. Pursuant to                                           | the provisions of Sections 607.050                                            | 2 and 607.1508, Florida Statut                                        | tes, the above-named co                               | provotion authority this statement for the series                                                                                              |                                       |
| or registered                                             | I agent, or both, in the State of Flor<br>, and accept the obligations of Sec | ida. Such change was authoriz                                         | zed by the corporation's                              | board of directors. I hereby accept the app                                                                                                    | ointment as registered agent. I am    |
| SIGNATURE                                                 | A Imball                                                                      | Lus                                                                   |                                                       |                                                                                                                                                | 2/19/96                               |
| 12.                                                       | · · · · · · · · · · · · · · · · · · ·                                         | it and steen applicable (NO<br>ND DIRECTORS )                         | OTE: Registered Agent signature re  1 13.             |                                                                                                                                                | DATE                                  |
| Talif                                                     | <del></del>                                                                   | DELETE                                                                | 1. 1 TITLE                                            | Director, President                                                                                                                            | Change Addition                       |
| NAME                                                      | THOMPSON, DONALD A                                                            |                                                                       | 1.2 NAME                                              | James B. Thompson                                                                                                                              | 7 /                                   |
| STREET ADDRESS                                            | 2017 PLANTATION KEY CI                                                        | RCLE, APT. 203                                                        | 1.3 STREET ADDRESS                                    | 2017 Plantation Key Circ                                                                                                                       | le, Apt. 203                          |
| CHTY - S.f ZuF                                            | BRANDON FL 33511                                                              |                                                                       | 1.4 CITY - ST - ZIP                                   | Brandon FL 33511                                                                                                                               | , ,                                   |
| TIPLE                                                     |                                                                               | ☐ DELFTE                                                              | 2 1 TITLE                                             | , , ,                                                                                                                                          | ☐ Change ☐ Addition                   |
| NAME                                                      |                                                                               |                                                                       | 2 2 NAME                                              |                                                                                                                                                |                                       |
| STREET ADDRESS                                            |                                                                               |                                                                       | 23 STREET ADDRESS                                     |                                                                                                                                                |                                       |
| CHY-ST-ZIP                                                |                                                                               |                                                                       | 2.4 CITY-ST-ZIP                                       |                                                                                                                                                |                                       |
| TITLE                                                     |                                                                               | DELETE                                                                | 3 1 TITLE                                             |                                                                                                                                                | Change                                |
| NAM!                                                      |                                                                               |                                                                       | 3.2 NAME                                              |                                                                                                                                                |                                       |
| SIRSET ADDRESS                                            |                                                                               |                                                                       | 3.3 STREET ADDRESS                                    |                                                                                                                                                |                                       |
| C-1Y-ST-ZIP<br>TILLE                                      |                                                                               | DELETE                                                                | 3 4 CHY - ST - ZIP                                    |                                                                                                                                                |                                       |
| NAME                                                      |                                                                               |                                                                       | 4. 1 TITLE                                            |                                                                                                                                                | Change 🗀 Addition                     |
| STREET ADDRESS                                            |                                                                               |                                                                       | 4.2 NAME                                              |                                                                                                                                                |                                       |
| Offy St Zie                                               |                                                                               |                                                                       | 4.3 STREET ADDRESS                                    |                                                                                                                                                |                                       |
| TOLE                                                      |                                                                               | DELETE                                                                | 4.4 CITY - ST - ZIP<br>5.1 TITLE                      |                                                                                                                                                | Change Addition                       |
| NAME                                                      |                                                                               |                                                                       | 5.2 NAME                                              |                                                                                                                                                |                                       |
| STEHL LADDRESS                                            |                                                                               |                                                                       | 5.3 STREET ADDRESS                                    |                                                                                                                                                |                                       |
| CITY 81-7IP                                               |                                                                               |                                                                       | 5.4 CITY - ST - ZIP                                   |                                                                                                                                                |                                       |
| 11'16                                                     |                                                                               | ☐ DELETE                                                              | 6 1 TITLE                                             |                                                                                                                                                | Change Addition                       |
| NAME                                                      |                                                                               |                                                                       | 62 NAME                                               |                                                                                                                                                |                                       |
| STRE-1 ADDRESS                                            |                                                                               |                                                                       | 6.3 STREET ADDRESS                                    |                                                                                                                                                |                                       |
| CHY SI-ZIP                                                |                                                                               |                                                                       | 6.4 City - St - ZIP                                   |                                                                                                                                                |                                       |
| oath; that Le                                             | ie information indicated on this ann                                          | ual report or supplemental anni<br>oration or the receiver or trusted | iual report is true and acc<br>e empowered to execute | lify for the exemption stated in Section 119.<br>curate and that my signature shall have the<br>e this report as required by Chapter 607, Fig. | came legal offeet as if made under    |

407-64-5693