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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000049923 (2)

1. Corporation Name
TRINITY MEMORIAL GARDENS OF LAKE LAND, INC.

Principal Place of Business
43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689

Mailing Address
P O BOX 1608
TARPON SPRINGS FL 34688-1608
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
06/27/1995

3a. Date of Last Report
01/30/1996

4. FEI Number

59-3325258

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 ☐

9. Name and Address of Current Registered Agent

FORD, DAVID S
43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME AUSTIN, JAMES
STREET ADDRESS 43309 US HWY 19 N
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DV ☐ DELETE
NAME FRIEDLAND, LEW
STREET ADDRESS 43309 US HWY 19 N
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DV ☒ DELETE
NAME SALING, GARY
STREET ADDRESS 43309 US HWY 19 N
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DV ☐ DELETE
NAME SAVAGE-RICE, CYNDI
STREET ADDRESS 12720 MEMORIAL DR
CITY-ST-ZIP NEWPORT RICHEY FL

TITLE ST ☐ DELETE
NAME FORD, DAVID
STREET ADDRESS 43309 US HWY 19N
CITY-ST-ZIP TARPON SPRING FL

TITLE D ☐ DELETE
NAME GILLS, T-SHEA
STREET ADDRESS 43309 US HWY 19 N
CITY-ST-ZIP TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GRUNDY, T. SHEA

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

1-22 97

(813) 942-2597

CR2E034 (9/96)