

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000092064 (1)

1. Corporation Name

MEADOWLAWN PET CREMATORIUM, INC.



Principal Place of Business

695 CENTRAL AVENUE
SUITE 100
ST. PETERSBURG FL 33701

Mailing Address

695 CENTRAL AVENUE
SUITE 100
ST. PETERSBURG FL 33701

2. Principal Place of Business

21 3251 62nd Ave North
Suite, Apt. #, etc.

2a. Mailing Address

26 3251 62 Ave No.
Suite, Apt. #, etc.

City & State

23 St Petersburg FL

City & State

28 St Petersburg FL

Zip

24 33702

Country

25 USA

Zip

29 33702

Country

30 USA

9. Name and Address of Current Registered Agent

KAISER, MARTIN J ESQ.
695 CENTRAL AVENUE
SUITE 100
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

4. FEI Number

59-3355479

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

10. Name and Address of New Registered Agent

81 Name

Richard T. Goldston

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

3251 62 Ave. North

83

84 City

St Petersburg

FL

85 Zip Code

33702

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

R. T. Goldston

R. T. Goldston

2/10/96

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 ☐ DELETE

NAME Richard T. Goldston
STREET ADDRESS 3251 62nd Ave. North
CITY-ST-ZIP St Petersburg, FL 33702

TITLE ☐ DELETE

NAME Vice President
Terry Ciekus
STREET ADDRESS 3295 62nd Ave No.
CITY-ST-ZIP St Petersburg, FL 33702

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

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

R. T. Goldston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96 (813) 528-4816

Date

Daytime Phone #

CR2E034 (12/95)