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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P95000092064 (1)

### MEADOWLAWN PET CREMATORIUM, INC.

## **FILED** Jan 23 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address 3251 62 AVE N. 3251 62 AVE N. ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33 |  |             |                     | 702-6113       |          |  |   |                         |       |        |                                    |
|--|--|-------------|---------------------|----------------|----------|--|---|-------------------------|-------|--------|------------------------------------|
| ļ<br>ļ   |  |             | -                   |                |          | 3. Date Incorporated or Qualified 11/29/1995 | 3a. Da  | te of L<br><b>)6/19</b> |       | port   |                                    |
| r  | Place of Business  |             | failing Address     |                | ******   |  | 4. FEI Number   | ·                       | T     | Aρ     | olied For                          |
| Suite, Apl   | #, etc.  | ·           | Suite, Apt. #, etc. |                |          | ······································       | 59-3355479  5. Certificate of Status Desired                          |                         | -     | 75 A   | Applicable<br>additional<br>quired |
| City & Sta   | <u></u>  | 27 C        | lity & State        |                |          |  | 6. Election Campaign Financing  |                         |       |        | May Be                             |
| 23   |  | 28          |                     |                |          | ····   | Trust Fund Contribution   |                         |       |        | Fees                               |
| Zip  | Country  | ·····       | jtb                 | Cou            | intry    |  | 8. This corporation has liability for                                 |                         |       | der s  | 199.032,                           |
| 24   | 25     29  <br>9. Name and Address of Current Registered Agent |             |                     | 30             | т        |  | Florida Statutes Yes No  10, Name and Address of New Registered Agent |                         |       |        |                                    |
|  |  | it Hegister | reo Agent           |                | B1       | Name   | 10, Name and Address of New H   | egistered i             | rõeur |        |                                    |
|  | LOSTON, RICHARD T  |             |                     |                |          |  |   |                         |       |        |                                    |
| 3251 62 AVE N.<br>St. Petersburg FL 33702  |  |             |                     |                | <u> </u> |  | fress (P.O. Box Number is Not Accepta                                 | ible)                   |       |        |                                    |
|  |  |             |                     |                | 83       |  |   |                         |       |        |                                    |
|  |  |             |                     |                | 84       | City   |   | FL                      | 85    | Zip C  | Code                               |
| <b>≪</b> Directions  | to the recuising of Castano COZOLO                             | 2 and 007   | 1LOC Clorido Ctat   | utoe the a     | bo. (    | named cor                                    | poration submits this statement for the                               |                         | obanc | ion it | registered                         |
| 12.  | OFFICERS AN  |             |                     | 13.            |          |  | ired when reinstating) ADDITIONS/CHANGES TO OFF                       | ICERS AND               | DIRE  |        | S IN 12                            |
| NAME   | GOLDSTON, RICHARD T  |             | F1 PETETE           | 12 N           |          |  |   |                         |       | ango   | L.J POONIO                         |
| STREET ADDRESS   | AAR 4 AA 41 F A1   |             |                     |                |          | ADDRESS                                      |   |                         |       |        |                                    |
| CITY- ST-ZIP   | ST. PETERSBURG FL 33702  |             |                     | 1.4 C          | ITY - S  | ST-ZIP                                       |   |                         |       |        |                                    |
| ŤITI,E   | VP   |             | ☐ DELETE            | 2.1 (          | 1LE      |  |   |                         | Ch    | ange   | Addition                           |
| NAME   | CLEKIS, TERRY  |             |                     | 2.2 N          | AMF      |  |   |                         |       |        |                                    |
| STREET ACCIDECS  |  |             |                     | 23S            | TREET    | ADDRESS                                      |   |                         |       |        |                                    |
| CITY - ST- ZIP   | ST. PETERSBURG FL 33702  |             | DELLTE              |                |          | \$1 - 7 <sub>1</sub> P                       |   |                         | Ch    |        | Additio                            |
| NAMÉ   |  |             | merrit              | 3.1 T<br>3.2 N |          |  |   |                         | [] U1 | anyc   | Addition                           |
| STREET ADDRESS   |  |             |                     |                |          | ADORESS                                      |   |                         |       |        |                                    |
| CITY-ST ZIP  |  |             |                     |                |          | ST-ZIP                                       |   |                         |       |        |                                    |
| MILE   |  |             | DELETE              | 417            |          |  |   | ····                    | Ch    | ange   | Addition                           |
| NAME   |  |             |                     | 4 2 1          | IAME     | 1  |   |                         |       |        |                                    |
| STREET ADIORESS  |  |             |                     | 4.3 S          | TREET    | ADDRESS                                      |   |                         |       |        |                                    |
| CITY-ST-ZiP  |  |             |                     |                |          | S1 - ZIP                                     |   |                         |       |        | 1 2                                |
| TITLE  |  |             | []] DELETE          | 5.1 1          |          | -  |   |                         | ☐ Ch  | ange   | Addition                           |
| NAM <del>[</del>   |  |             |                     | 5.2 N          |          |  |   |                         |       |        |                                    |
| STREET ACCURESS  |  |             |                     | - 1            |          | ADDRESS                                      |   |                         |       |        |                                    |
| C/TY+ST+ZIP  |  |             | DELETE              | 5.4 C<br>6.1 I |          | ST-ZIP                                       |   |                         | ☐ Ch  | ange   | Addition                           |
| THE  |  |             | ב) מנגנונ           |                |          |  |   |                         | い     | ការអិច | T VOORION                          |
| NAME<br>STREET ADDRESS   |  |             |                     | 6.2 A          |          | I ADORESS                                    |   |                         |       |        |                                    |
| 5 MEET SUUPESS   |  |             |                     |                |          | 23 710                                       |   |                         |       |        |                                    |

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

SIGNATURE:

813 5284816