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Jul 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000059294**

1. Corporation Name  
**Collegiate Casket Company**

Principal Place of Business  
**1100 Oakbridge Pkwy. #208  
Lakeland, FL. 33803**

Mailing Address  
**Same**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25 USA	30

9. Name and Address of Current Registered Agent

**Michael Ronald O'Connor-President  
1100 Oakbridge Pkwy. #208  
Lakeland, FL. 33803**

11. Pursuant to the provisions of Sections 607.0602 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 *Michael R. O'Connor*

12. OFFICERS AND DIRECTORS	
TITLE	Edwin A. Scales <input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Secretary/Treasurer/V.P. <input checked="" type="checkbox"/> DELETE
NAME	Edwin A. Scales III
STREET ADDRESS	One Lake Morton Dr.
CITY-ST-ZIP	Lakeland, FL. 33802
TITLE	President <input type="checkbox"/> DELETE
NAME	Michael Ronald O'Connor
STREET ADDRESS	1100 Oakbridge Pkwy. #208
CITY-ST-ZIP	Lakeland, FL. 33803
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I 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 supplement to 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 owner 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: *Michael R. O'Connor* Michael R. O'Connor

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**7-15-96**

4. FEI Number ☒ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Secretary/Treasurer/V.P. ☐ Change ☒ Addition

12 NAME Robert L. Valentine

13 STREET ADDRESS 2000 E. Edgewood Dr. Suite 108A

14 CITY-ST-ZIP Lakeland, FL. 33803

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**500002603513**  
**-07/31/98--01009--016**  
**\*\*\*150.00**

**PE 728**

CR2E034 (10/97)

5/26/98 771-682-4117

2

Form **SS-4**

(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <b>Michael Ronald O'Connor</b>		
2 Trade name of business (if different from name on line 1) <b>Collegiate Casket Company</b>		3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) <b>1100 Oakbridge Pkwy. #208</b>		5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <b>Lakeland, FL. 33803</b>		5b City, state, and ZIP code
6 County and state where principal business is located <b>Polk County Florida</b>		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► <b>267-88-0507</b> <b>Michael Ronald O'Connor</b>		
8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Other nonprofit organization (specify) ► _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input checked="" type="checkbox"/> Other corporation (specify) ► <b>Corporation</b> <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization		
8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b>		Foreign country
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ► _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ► _____ <input type="checkbox"/> Banking purpose (specify) ► _____ <input type="checkbox"/> Changed type of organization (specify) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► _____ <input type="checkbox"/> Other (specify) ► _____		
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>7/16/96</b>		11 Closing month of accounting year (See instructions.) <b>12/31</b>
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ► <b>None paid to date</b>		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . ► <b>2</b>		Nonagricultural <b>2</b>
14 Principal activity (See instructions.) ► <b>Sales &amp; Marketing of licensed collegiate caskets</b>		
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►		
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►		
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.		
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► <b>Championship Reflections</b> Trade name ► <b>Same</b>		
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN <b>7/1/98</b> <b>Lakeland, FL.</b> _____		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		
Business telephone number (include area code) <b>(941) 665-4191</b>		
Fax telephone number (include area code) <b>(941) 665-4377</b>		
Name and title (Please type or print clearly.) ► <b>Michael Ronald O'Connor President</b>		
Signature ► <b>Michael Ronald O'Connor</b> Date ► <b>7/21/98</b>		