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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000038374

1. Corporation Name

WARD-MCDONALD MEMORIAL CO., INC.

Principal Place of Business
1474 HWY. 83 NORTH
DEFUNIAK SPRINGS FL 32433

Mailing Address

1474 HWY. 83 NORTH **DEFUNIAK SPRINGS FL 32433**

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90197 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

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27													
City & State 23	22		27	DEFUNIAK	SR	35	FL	_	5. Certificate of Status Desired	1	Fee	Requir	ed
Zp					<u> </u>				6. Election Campaign Financing		\$5.0	00 мау	Be .
Zip Country Zip Sol Sol Personal Property Tax. Yes Skho	23		28	32435					Trust Fund Contribution	ш	Add	ed to Fe	es
28		Country			Cour	ntry			8. This corporation owes the curre	ent year int	angible		
S. Name and Address of Current Registered Agent Similar	24	25	29	3	0				Personal Property Tax.		Yes	[XI	No .
MCDONALD, INGRAM K 1474 HWY. 83 NORTH DEFUNIAK SPRINGS FL 32433 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 agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME STREET ADDRESS OFFICIAN SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433 DELETE 2 2 NAME 2 2 NAME 2 2 NAME 2 2 STREET ADDRESS CITY-ST-ZP TITLE MAGE NAME STREET ADDRESS CITY-ST-ZP TITLE DEFUNIAK SPRINGS FL 32433 DELETE 2 1 TITLE 2 2 NAME 3 3 STREET ADDRESS CITY-ST-ZP TITLE DELETE 3 TITLE 4 1 TITLE 4 1 TITLE 4 2 NAME 3 3 STREET ADDRESS CITY-ST-ZP TITLE 4 2 NAME 3 3 STREET ADDRESS CITY-ST-ZP TITLE 4 2 NAME 3 3 STREET ADDRESS CITY-ST-ZP TITLE 4 2 NAME 3 3 STREET ADDRESS CITY-ST-ZP TITLE 5 TITLE 4 2 NAME 5 STREET ADDRESS CITY-ST-ZP TITLE 5 STITLE 5 STITLE C Change Addit ACCITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE ACCITY-ST-ZP ACCITY-ST-ZP TITLE ACCITY-ST-ZP A		Name and Address of Current F	Regist	tered Agent	. j				10. Name and Address of New R	egistered .	Agent		
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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 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, 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, and mainlier with, and accept the obligations of, Sections 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D CHANGE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WAME STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OF						02	Ctroot Ad	ld-na	o (D.O. Roy Number is Not Accepts	bla)			
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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 informatic 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, with all other like empowered.

SIGNATURE: