

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90008 001 ***158.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000093160

1. Corporation Name
FLAGLER MONUMENTS + MEMORIALS, INC.

* 5 4 8 8 3 3 *
548033 - 90008 - 1

Principal Place of Business

**900 N. STATE ST.
BUNNELL, FL
32110**

Mailing Address

**P.O. Box 524
BUNNELL, FL
32110-0524**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-3-98

2. Principal Place of Business

21 900 N. STATE ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3534140

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

23 BUNNELL FL

City & State

28

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

24 32110

25 USA

Zip Country

29

30

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**J. STEPHEN ALEXANDER
19 OLD MISSION AVE.
ST. AUGUSTINE, FL 32095**

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 **15/ J. STEPHEN ALEXANDER**

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

(NOTE: Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE

NAME **KAREN M. EDMONSON**

STREET ADDRESS **807 N. ANDERSON ST.**

CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☒ DELETE

NAME **AMBER L. GOSS**

STREET ADDRESS **787 CR 140 RT. 1 BOX 217-2**

CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **SECRETARY** ☒ DELETE

NAME **AMBER L. GOSS**

STREET ADDRESS **787 CR 140 RT. 1 BOX 217-2**

CITY-ST-ZIP **BUNNELL, FL**

TITLE **TREASURER** ☐ DELETE

NAME **KAREN M. EDMONSON**

STREET ADDRESS **807 N. ANDERSON ST.**

CITY-ST-ZIP **BUNNELL, FL 32110**

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

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

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 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: **Karen M. Edmonson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (904) 437-1991

Date Daytime Phone #

CR2E034 (11/98)