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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
 4. FEI Number: 59-3534140 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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 900 N. STATE ST. BUNNELL FL 32110 USA
 2a. Mailing Address: P.O. Box 524 BUNNELL FL 32110-0524
 22. Suite, Apt. #, etc.:
 23. City & State: BUNNELL FL
 24. Zip: 32110 25. Country: USA

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 DATE: 4-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PRESIDENT	<input type="checkbox"/> DELETE
NAME: KAREN M. EDMONSON	
STREET ADDRESS: 807 N. ANDERSON ST.	
CITY-ST-ZIP:	
TITLE: VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME: AMBER L. GOSS	
STREET ADDRESS: 787 CR 140 RT. 1 BOX 217-2	
CITY-ST-ZIP: BUNNELL, FL 32110	
TITLE: SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME: AMBER L. GOSS	
STREET ADDRESS: 787 CR 140 RT. 1 BOX 217-2	
CITY-ST-ZIP: BUNNELL, FL	
TITLE: TREASURER	<input type="checkbox"/> DELETE
NAME: KAREN M. EDMONSON	
STREET ADDRESS: 807 N. ANDERSON ST.	
CITY-ST-ZIP: BUNNELL, FL 32110	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	SECRETARY
3.3 STREET ADDRESS:	KAREN M. EDMONSON
3.4 CITY-ST-ZIP:	807 N. ANDERSON ST. BUNNELL, FL 32110
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 DATE: 4-19-99 (904) 437-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)