

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



STATE OF FLORIDA

DEPARTMENT OF REVENUE

REVENUE

REVENUE

APPROVED
1995
11/10

DOCUMENT # **S15088**

(5)

11/10

**LAKE COUNTY CREMATION SOCIETY, DIVISION OF ALL F
AITHS CREMATION SOCIETY INC.**

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Office Location

Mail Address

379 W. ALFRED STREET
TAVARES FL 32778

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TAVARES FL 32778

3. Effective Date of Report: 11/26/1990
3a. Date of Last Report: 07/12/1994

2. Name of Corporation	2a. Mailing Address	4. FID Number	Applied For Not Applicable
21. Number of Officers	26. Number of Directors	59-3038658	
22. Number of Shareholders	27. Number of Employees	5. Contribution of Substantive Information	\$8.75 Additional Fee Required
23. Number of Shareholders	28. Number of Employees	6. Election Campaign Financing Treat Fund Contribution	\$5.00 May Be Added to Fees
24. Number of Shareholders	29. Number of Employees	8. Does corporation have liability for state income tax under the Florida Statutes	Yes ☐ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, SHIRLEY L.
1524 OAK FOREST DR.
ORMOND BEACH FL 32174

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

11. Pursuant to the provisions of Sections 220.01 and 220.02, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent of 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 authorized to accept the appointment of Section 220.02, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

ATTEST

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME	REYNOLDS, DON T.	NAME	
STREET ADDRESS	2367 ENTREPRISE - OSTEEN RD	STREET ADDRESS	
CITY	DELTONA FL	CITY	
NAME	ST	NAME	
STREET ADDRESS	REYNOLDS, SHIRLEY L.	STREET ADDRESS	
CITY	1524 OAK FOREST DR.	CITY	
NAME	ORMOND BEACH FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not required by the corporation as stated in Sections 220.01 and 220.02, Florida Statutes. I further certify that the information is correct and that the information is not required by the corporation as stated in Sections 220.01 and 220.02, Florida Statutes. I am authorized to accept the appointment of Section 220.02, Florida Statutes.

SIGNATURE:

Don T. Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3/15/95

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