SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (5)S57931 MEMORY GARDENS LAND ACQUISITION, INC. Mailing Address Principal Place of Business 1425 BELLEVUE AVE. 1425 BELLEVUE AVE. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1995 06/03/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3106861 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032. Country Zıp Country \_]Yes [\_]No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name TIMMER, MARILYN J. Street Address (P.O. Box Number is Not Acceptable) 82 1425 BELLEVUE AVE. **DAYTONA BEACH FL 32114** 83 85 Zip Code City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (DOT) Registered Agent signature required when remotal right Signature, typed to prote that a of register diagent and the Lapple abid (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1111111 TITLE 1.2 NAME TIMMER, WILLARD I. NAME 1425 BELLEVUE AVE. 1.3 STREET ADDRESS STREET ADDRESS 1 4 CITY - ST - ZIP DAYTONA BEACH FL CITY-ST-ZIF Change \_\_\_\_ Addition DELETE 21 TITLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CHTY-ST-ZIP Change Addition DELFTE 3.1 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP City-St-ZiP Change Addition DELETE 411111,6 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIF Change Addition DELETE 5.1 TIBLE TITLE 5.2 NAM6 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARILY DT IMMER WILL DE SIGNING OFFICER OR DIRECTOR OF TOWN TO THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR