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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 MAR 24 PM 1:26

DOCUMENT # 018303 (8)

1. Corporation Name
SYLVAN ABBEY MEMORIAL PARK, INC.

Principal Place of Business Mailing Address
POST OFFICE DRAWER B POST OFFICE DRAWER B
CLEARWATER FL 34618 CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/07/1948 02/21/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0600575		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent
BALDWIN, RICHARD O JR.
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, R.K.
STREET ADDRESS	18167 US 19 N., STE 300
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	JOHNSON, D. W.
STREET ADDRESS	3110 EGRET TERRACE
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	PSD
NAME	JOHNSON, T A JR
STREET ADDRESS	2860 SUNSET POINT RD.
CITY-ST-ZIP	CLEARWATER FL
TITLE	VT
NAME	BUTLER, JEFFREY E
STREET ADDRESS	2860 SUNSET POINT RD
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	JOHNSON, R C
STREET ADDRESS	1850 C.R. 193
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	SEBRING, CHRISTINE
STREET ADDRESS	12318 OAKWIND PLACE
CITY-ST-ZIP	SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank B. Stewart, Jr.	
1.3 STREET ADDRESS	110 Veterans Blvd.	
1.4 CITY-ST-ZIP	Metairie, LA	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William E. Rowe	
2.3 STREET ADDRESS	110 Veterans Blvd.	
2.4 CITY-ST-ZIP	Metairie, LA	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeffrey E. Butler	
3.3 STREET ADDRESS	2860 Sunset Point Road	
3.4 CITY-ST-ZIP	Clearwater, FL	
4.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Frank L. Matasavage	
4.3 STREET ADDRESS	2400 Harrell Road	
4.4 CITY-ST-ZIP	Orlando, FL 32817	
5.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Corinne I. Olvey	
5.3 STREET ADDRESS	1201 S. Orlando Ave., Ste 365	
5.4 CITY-ST-ZIP	Winter Park, FL 32789	
6.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Richard O. Baldwin, Jr.	
6.3 STREET ADDRESS	1201 S. Orlando Ave., Ste 365	
6.4 CITY-ST-ZIP	Winter Park, FL 32789	

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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.

SIGNATURE: Corinne I. Olvey 2/16/95 407-740-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
CORINNE I. OLVEY

018303

SYLVAN ABBEY MEMORIAL PARK, INC.

BLOCK 13 - CONTINUED - ADDITIONS/CHANGES TO THE OFFICERS LISTED IN BLOCK 12

The following are additional Officer(s) of this corporation as space was not available in Block 13 of the original form completed:

- | | | |
|----|---|--|
| AS | Ronald H. Patron
110 Veterans Blvd.
Metairie, LA 70005 | Addition <input checked="" type="checkbox"/> |
| AS | Kenneth C. Budde
110 Veterans Blvd.
Metairie, LA 70005 | Addition <input checked="" type="checkbox"/> |
| V | Terry Young
2860 Sunset Point Road
Clearwater, FL 34619 | Addition <input checked="" type="checkbox"/> |
| V | Raymond C. Knopke, Jr.
1201 South Orlando Ave., Suite 365
Winter Park, FL 32789 | Addition <input checked="" type="checkbox"/> |