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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 018179 (2)
1. Corporation Name
OAKLAWN CEMETERY ASSOCIATION

Principal Place of Business
4801 SAN JOSE BLVD
JACKSONVILLE FL 32207

Mailing Address
4801 SAN JOSE BLVD
JACKSONVILLE FL 32207-7867



3. Date Incorporated or Qualified 06/11/1934	3a. Date of Last Report 01/24/1996
4. FEI Number 59-0380400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
TAYLOR, NEIL C
4801 SAN JOSE BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	TAYLOR, WESLEY F., JR.
STREET ADDRESS	4801 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TDP <input type="checkbox"/> DELETE
NAME	TAYLOR, NEIL C
STREET ADDRESS	4801 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	DV <input type="checkbox"/> DELETE
NAME	TAYLOR, JANICE O.
STREET ADDRESS	4801 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	ASD <input type="checkbox"/> DELETE
NAME	TAYLOR, JANICE E.
STREET ADDRESS	4801 SAN JOSE BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	TAYLOR, MARK
STREET ADDRESS	4801 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do 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 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: *Neil C. Taylor, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

Daytime Phone #

CR2E034 (9/96)