## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 018179

OAKLAWN CEMETERY ASSOCIATION

(2)

## FILED Mar 09 1998 8:00am Secretary of State

ONILA	WW CEMETERT ASSOCIAT	IOI4					
Principal Place of Business		Mailing Address			g nagini dûrûs tihan tanat tikus tablid tan didir dis	ir Bildin Brûsi Arûkt û kûlî bûdi	
4801 SAN JOSE BLVD		4801 SAN JOSE BLVD					
JACKSONVILLE FL 32207		JACKSONVILLE FL 32207					
					}-	DO NOT WRITE IN THIS	SPACE.
						<ol> <li>Date Incorporated or Qualified</li> <li>06/11/1934</li> </ol>	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For
21		26			59-0380400	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional	
22		Ch. 6 Chair				Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip Country					Trust Fund Contribution	Added to Fees	
Zip	} <del></del> ₁ ′	Zφ	ļ			This corporation owes or has paid the cu	
24	g. Name and Address of Currer	1	30			Personal Property Tax due June 30.  10. Name and Address of New Registered	
TAI		it flogistored Agent	8	1 Name		10. Hamo and Madross of Hotel Hogistores	
	YLOR,NEIL C		Ľ	710	·.		
4801 SAN JOSE BLVD			6	2 Street	t Addres:	s (P.O. Box Number is Not Acceptable)	
JAI	CKSONVILLE FL 32207			3			
			l°	"			
			8	4 City		FL	85 Zip Code
dd Direitant	to the sampleions of Captions COT OLG	22 and CO7 1000 Llorida Cratuta	so the ebe	L nomas	d corner		at changing its registered
office or r	egistered agent, or both, in the State	of Horida. Such change was a	uthorized	by the cor	rporation	ation submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
agent. La	ım familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statut	os.			
SIGNATURE	<del></del>			<del></del>			
40	Signature, typed or printed name of registered ap-	D DIRI CTORS	13.	rgent eignatur	re required (	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.	VD OFFICE HIS AIN	DELETE	1.1 Tilt.		T	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	TAYLOR, WESLEY F., JR.			1.2 NAME			
STREET ADDRESS	4801 SAN JOSE BLVD	I LOCE BLAD		ET ADDRESS			
	JACKSONVILLE FL		1		1		
CITY-ST-ZIP TITLE	TOP	DELFTE	_	1.4 CITY - ST - ZIP 2.1 TITLE			Change Addition
NAME	TAYLOR, NEIL C			2.2 NAME			
STREET ADDRESS	4801 SAN JOSE BLVD			2.3 STREET ADDRESS			
	JACKSONVILLE, FL 00000						
CITY-ST-ZIP TITLE	DV	DECETE	31 TITLE	(-ST-ZIP	1		Change Addition
NAME	TAYLOR, JANICE O.		3.2 NAME		1		
STREET ADDRESS	4801 SAN JOSE BLVD		3.3 STREFT ADDRESS		1		
CITY-ST-ZIP	JACKSONVILLE FL		•	r-ST-ZIP			
TITLE	ASD	DELETE	4.1 TITLE		+		☐ Change ☐ Addition
NAME	TAYLOR, JANICE E.		4. 2 NAN				
STREET ADDRESS	4801 SAN JOSE BLVD.		1	4.3 STREET ADDRESS			j
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP				
TITLE	VD	DELETE	5.1 TITLE		┪┈┈		☐ Change ☐ Addition
NAME	TAYLOR, MARK		5.2 NAME		1		
STREET ADDRESS	4801 SAN JOSE BLVD		5.3 STREET ADDR		1		
CITY-ST-ZIP	JACKSONVILLE FL						
TITLE	THE THE PERSON NAMED IN CO.	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		+		Change Addition
NAME		_ occur		6.2 NAME		<b>→</b> • • • • • • • • • • • • • • • • • • •	1
				ET ADORESS	Į.		
STREET ADDRESS			0.3 \$ (R)	CI AUUNESS			

14. Thereby 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 suppliencial 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 egipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6 or on an attachment with an address

SIGNATURE:

lil C. Jahr Phesident

3/2/99 904-737-717/