FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 MAR 23

DOCUMENT # N04521 (3)

1. Corporation Name
OAK GROVE CEMETERY ASSOCIATION, INC.

Principal Place of Business
560 W. WELDON ST.
C/O O.M. YARBOROUGH
STARKE FL 32091

Mailing Address
560 W WELDON ST.
C/O O.M. YARBOROUGH
STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1984
3a. Date of Last Report: 04/22/1994
4. FEI Number: ~~26-8520573~~ 59-2648444 — Applied For / Not Applicable

2. Principal Place of Business
21 37 East Ohio Avenue
Suite, Apt #, etc
22 C/O Guy W. Arnold
City & State
23 Macclenny, Fl.
Zip 24 32063 — Country 25 Baker

2a. Mailing Address
26 37 East Ohio Avenue
Suite, Apt #, etc
27 C/o Guy W. Arnold
City & State
28 Macclenny, Fl.
Zip 29 32063 — Country 30 Baker

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
YARBOROUGH, O.M.
560 W. WELDON ST.
STARKE FL 32091

10. Name and Address of New Registered Agent
81 Name: Guy W. Arnold
82 Street Address (P.O. Box Number is Not Acceptable): 37 East Ohio Avenue
83
84 City: Macclenny FL 85 Zip Code: 32063

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: *Guy W. Arnold*
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	VD
NAME	YARBOROUGH, WILLIAM O. *DECEASED*
STREET ADDRESS	HWY 228 SOUTH
CITY-ST-ZIP	MACCLENNY FL
TITLE	STD
NAME	CRAWFORD, ALTON
STREET ADDRESS	NORTH 5TH STREET
CITY-ST-ZIP	MACLENNY FL
TITLE	PD
NAME	YARBOROUGH, O.M.
STREET ADDRESS	560 WELDON STREET
CITY-ST-ZIP	STARKE FL
TITLE	*T*
NAME	*ARNOLD GUY*
STREET ADDRESS	*37 EAST OHIO AVE*
CITY-ST-ZIP	*MACCLENNY FL. 32063*
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	*TAW 3/23/95*	☐ Change ☐ 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 is voluntarily furnished and 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 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: *Guy W. Arnold* Guy W. Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022023