

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 181171 (0)

1. Corporation Name

PENSACOLA MEMORIAL GARDENS AND FUNERAL HOME, INC



Principal Place of Business

7433 PINE FOREST RD  
PENSACOLA FL 32526-5800

Mailing Address

7433 PINE FOREST RD  
PENSACOLA FL 32526-5800

3. Date Incorporated or Qualified	3a. Date of Last Report
10/16/1954	05/16/1995
4. FEI Number	Applied For / Not Applicable
59-0735667	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

HUGGINS, STEPHEN G. WHITE, Joyce  
900 N 12TH AVENUE  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name	Joyce H. White
82 Street Address (P.O. Box Number is Not Acceptable)	900 N. 12th Avenue
83	
84 City	Pensacola
85 State	FL
86 Zip Code	32501

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *Joyce H. White* DATE: 2/14/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LOUISE S.	12 NAME	
STREET ADDRESS	313 APPOMATTOX DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FREDERICK W.	22 NAME	
STREET ADDRESS	313 APPOMATTOX DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louise S. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Louise S. Miller, President

2/26/96 904-944-0355  
DATE TIME

CR2E034 (12/95)