

POOR ORIGINAL

467087

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1999.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: \$875.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 29 AM 9:38

PROFIT CORPORATION ANNUAL REPORTS
ANNUAL REPORT 4000-1995-1997
FLORIDA DEPARTMENT OF STATE
Sandra S. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 467087

1. Corporation Name
Comander Funeral Home, Inc.

Principal Place of Business Mailing Address
3 West Main Street Same
DeFuniak Springs, Florida 32433

21. Principal Place of Business	22. Mailing Address	4. FEI Number 59-1567814	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	6. Certificate of Status Declared	\$8.75 Additional Fee Required
23. City & State	28. City & State	7. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. ZIP	25. Country	29. ZIP	30. Country

8. Date Incorporation of Statute

9. Date of Last Report

11. This corporation has liability for information on under a 1987 Act.
Public Statute Yes No

9. Name and Address of Current Registered Agent
Robert M. Comander
3 West Main Street
DeFuniak Springs, Florida 32433

10. Name and Address of New Registered Agent

81. City
82. Same Address P.S. Number as in last statement
83.
84. City

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, name and address of registered agent and the corporation. (NOTE: Registered Agent Signature required when submitting this form.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY+ST+ZIP	President and Director Thomas H. Johnson 691 Tekulve Road Batesville, Indiana 47006	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY+ST+ZIP
TITLE NAME STREET ADDRESS CITY+ST+ZIP	Secretary Bernhard L. Gaarsoe 691 Tekulve Road Batesville, Indiana 47006	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY+ST+ZIP
TITLE NAME STREET ADDRESS CITY+ST+ZIP	Vice President William B. Cutter 691 Tekulve Road Batesville, Indiana 47006	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY+ST+ZIP
TITLE NAME STREET ADDRESS CITY+ST+ZIP	Vice President Peter D. Cooper 691 Tekulve Road Batesville, Indiana 47006	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY+ST+ZIP
TITLE NAME STREET ADDRESS CITY+ST+ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY+ST+ZIP
TITLE NAME STREET ADDRESS CITY+ST+ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY+ST+ZIP

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***\$565.00 ***\$565.00

SP 1/29/97

14. I am hereby certifying that the information contained on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(2)(a), Florida Statutes. I further certify that the information contained on this annual report or registration statement report is true and accurate and that the signatures and names are those of the persons named on it and that I am an officer or director of the corporation or the holder of a power of attorney to execute this report as required by Chapter 917, Florida Statutes, and that my term of office is to March 31 or March 31 if I am a director, or an officer, or an attorney-in-fact.

SIGNATURE: Peter Cooper 1/27/97 (606) 746-6800

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12-00-98

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