

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

Pg. 1 of 2

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

97 JUL 22 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 497605 (6)**  
 1. Corporation Name  
**ROBERSON FUNERAL HOME & CREMATORY, INC.**



Principal Place of Business <b>2151 TAMiami TRAIL PO BOX 2966 PORT CHARLOTTE FL 33948-2112</b>	Mailing Address <b>2151 TAMiami TRAIL PO BOX 2966 PORT CHARLOTTE FL 33948-2112</b>
---	---

DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>02/27/1976</b>	<b>3a.</b> Date of Last Report <b>01/26/1996</b>
<b>4.</b> FEI Number <b>59-1654938</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**ROBERSON, KENNETH L**  
**2151 TAMiami TRAIL**  
**PORT CHARLOTTE, FL**  
**33952**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
<b>PD</b> <b>ROBERSON, KENNETH L</b> <b>2151 TAMiami TRAIL</b> <b>PORT CHARLOTTE, FL 0</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

**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	<b>200002250702--2</b>
1.4 CITY-ST-ZIP	<b>-07/29/97--01067--019</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>****165.00 ****165.00</b>
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	

*A. Allen*  
7/22/97

**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 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 in an attachment with an address.

CR2E034 (4/97)

# ROBERSON

Funeral Home & Crematory

pg. 2 of 2

Affiliated with  
Restlawn Memorial Gardens

Trust 100®

July 18, 1997

Annual Reports Section  
Florida Dept. of State  
PO Box 6327  
Tallahassee, FL 32314

Attn: Angela

Dear Angela:


Please find enclosed a copy of our Annual Report which was mailed Jan. 4, 1997 along with a copy of the check stub. Upon checking with our account for the cancelled check it is still showing as outstanding. Apparently this was either lost in the mail or your office.

I am enclosed another check in the amount of \$165.00 along with a signed copy of the Renewal we received as a second notice.

All of the above is being sent to you office upon the advice of our CPA, Joe Rocklein of Suplee & Shea, CPAs of Sarasota, Florida who spoke with your office yesterday.

If you have any questions please call at 941-629-3141

Sincerely,



Kenneth L. Roberson  
President

KLR/slf