

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 524948

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: AKIN-DAVIS FUNERAL HOMES, P.A.

Current Principal Place of Business:

560 E HICKPOCHEE
LABELLE, FL 339355072 US

New Principal Place of Business:

Current Mailing Address:

560 E HICKPOCHEE
LABELLE, FL 339355072 US

New Mailing Address:

FEI Number: 59-1723827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUCKEY JR, OWEN L
110 N MAIN ST
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, LUTHER C,
Address: 438 S SUGARLAND HWY
City-St-Zip: CLEWISTON, FL 00000,

Title: ST () Delete
Name: AKIN, CECIL O,
Address: 560 E HICKPOCHEE
City-St-Zip: LABELLE, FL 00000,

Title: VP () Delete
Name: AKIN, DANIEL W
Address: 560 E HICKPOCHEE AVE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL W. AKIN

VP

04/26/2002

Electronic Signature of Signing Officer or Director

_____ Date