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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 602485 (5)

1. Corporation Name
HOOPER FUNERAL HOMES, INC.

Principal Place of Business

501 W MAIN STREET
PO BOX 305
INVERNESS FL 32650

Mailing Address

501 W MAIN STREET
PO BOX 305
INVERNESS FL 34451-0305



3. Date Incorporated or Qualified 10/23/1970	3a. Date of Last Report 01/31/1996
4. FEI Number 59-1306023	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 34450

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

9. Name and Address of Current Registered Agent

HOOPER, LOWELL W.
501 W MAIN ST.
INVERNESS FL 32650

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

34450

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

Lowell W. Hooper

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-97

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	HOOPER, LOWELL W.	
STREET ADDRESS	1220 E. LAKEVIEW DRIVE	
CITY - ST - ZIP	INVERNESS FL	
TITLE	V	☐ DELETE
NAME	HARPER, JOHN E.	
STREET ADDRESS	508 HIAWATHA AVE	
CITY - ST - ZIP	INVERNESS FL	
TITLE	S	☐ DELETE
NAME	HOOPER, RUTH B.	
STREET ADDRESS	1220 E. LAKEVIEW DRIVE	
CITY - ST - ZIP	INVERNESS FL	
TITLE	V	☐ DELETE
NAME	HOOPER, DWIGHT L.	
STREET ADDRESS	501 W. MAIN ST.	
CITY - ST - ZIP	INVERNESS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
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	☐ 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 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 on an attachment with an address.

SIGNATURE:

Lowell W. Hooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97

Date

352
726-2271

Daytime Phone #

CR2E034 (9/96)