

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
501 W MAIN STREET 501 W MAIN STREET
PO BOX 305 PO BOX 305
INVERNESS FL 34450 INVERNESS FL 32650
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1970

2. Principal Place of Business 2a. Mailing Address
21 YES 26 Suite, Apt. #, etc.

4. FEI Number Applied For
59-1306023 Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 28 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOPER, LOWELL W.
501 W MAIN ST.
INVERNESS FL 34450

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT HOOPER, LOWELL W. 1220 E. LAKEVIEW DRIVE INVERNESS FL	1.1 TITLE	Change Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V HARPER, JOHN E. 506 HIAWATHA AVE INVERNESS FL	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S HOOPER, RUTH B. 1220 E. LAKEVIEW DRIVE INVERNESS FL	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V HOOPER, DWIGHT L. 501 W. MAIN ST. INVERNESS FL	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 4/16/98 3:52 PM 2276

CP2E034 (10/97)