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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale DIVISION OF CORPORATIONS

DOCUMENT # P94000040440 (7)

FLORIDA CREMATION SOCIETY, INC.

Principal Place of Business Mailing Address 20702 W. PENNSYLVANIA P.O. BOX 2047 **DUNNELLON FL 34430-2047 DUNNELLON FL 34430** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/25/1994 06/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3259104 Not Applicable 26 Suite Apr # etr Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROBERTS, KENNETH E Name 2072-w Pennsylvania 6702 82 Street Address (P.O. Box Number is Not Acceptable) **DUNNELLON FL 34430** 83 84 City Zip Code 85 11. Fursion 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. Lam lamiliar with and accept the obligations of, Section 607.0505, Florida Statutes. blue about type doing or have larger of my life ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DEL ETE Change Addition 1:10 111006 ROBERTS, KENNETH E NAME 1.2 NAME 4041 SW 17TH ST 13 STREET ADDRESS STREET AGORESS **OCALA FL 34471** 1.4 CITY - ST- ZIP Colv. 51-7-5 DELETE Change ___ Addition UDE 21 TITLE ROBERTS, PATRICIA C NAME 22 NAME 4041 SW 17TH ST 2 3 STREET ADDRESS **OCALA FL 34471** CILY ST 26 2 4 CITY-ST-ZIP DELFTE ☐ Change Addition 1:11:1 31 TITLE HAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CONST. 26 3.4 CITY-ST-ZIP DELETE ☐ Change Addition T-TEE 4.1 THILE MAM 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. I do hereby certly 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 are 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

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6 4 CITY - \$1 - 7IP

5.4 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

61 THILE

6.2 NAME

CHY-SH Zu

SHELLAD DUST

STABLE FAIR OFFISS

007-51-70

1111 E MARS

BULL

NAME

DELFTE

□ DELETE

PATRICIA C. Roberts

Change

Addition

Addition

FILED

Mar 24 1997 8:00am

Secretary of State