

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:18

DOCUMENT # 103956 (9)

1. Corporation Name:

WALSH & WOOD FUNERAL HOME, INC.

Principal Place of Business

**7140 ABBOTT AVE.
MIAMI BEACH FL 33141**

Mailing Address

**7140 ABBOTT AVE.
MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1925

3a. Date of Last Report
01/19/1994

4. FEI Number
59-0614284

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

2a. Mailing Address

21 State Apt # etc

26 State Apt # etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STANTON, FRED
1111 LINCOLN ROAD, STE 600
MIAMI BEACH FL 33139**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 (agent only)

144

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WOOD, JUNE
STREET ADDRESS	7140 ABBOTT AVE.
CITY, ST, ZIP	MIAMI BCH. FL
TITLE	V
NAME	LOWERY, JERRY B., JR.
STREET ADDRESS	7140 ABBOTT AVE.
CITY, ST, ZIP	MIAMI BCH. FL
TITLE	S
NAME	WOOD, LEE
STREET ADDRESS	7140 ABBOTT AVE.
CITY, ST, ZIP	MIAMI BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and equally for the corporation stated as true to the Florida Statutes. I further certify that the information indicated in this annual report or in any subsequent annual report is true and accurate and that my signature shall have the same legal effect as if made in person, that I am an officer or director of the corporation or the registered agent or business representative. To make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95 (305) 866-4631