SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K57353

(0)

BATTLE MEMORIAL FUNERAL HOME, INC.

Prin	ncipal Place of Business	Mailing Address			· 	n tenstente das mein sonne trint bitan etts bribt dibli gliðir bribt bibt bibt bibt dibli tibb			
11	VICTOR B. BATTLE 23 N. COVE BLVD. NAMA CITY FL 32401	%VICTOR B. BATTLE 1123 N. COVE BLVD. PANAMA CITY FL 32401		DO NOT WRITE	IN THIS SPACE				
						3. Date incorporated or Qualified	3a. Date of L	ast Report	
						01/11/1989	08/05/19	996	
2. [Principal Place of Business	2a. Mailing Address				4. FEI Number]	Applied Fo	r
21	26					59-2927644	[-	Not Applica	able
22	Suite, Apt. #, etc. Suite, Apt. #, e 2 27					5. Certificate of Status Desired	Desired S8.75 Additional Fee Required		
23	City & State City & State			L		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24	Zip Country 25	Zip 29	30 Cou	ntry		8. This corporation owes or has pald 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			
BATTLE, VICTOR B. 1123 N. COVE BLVD. PANAMA CITY FL 32401				81 82 83	Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)			
				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.									
SIG	SIgnature, typed or printed name of registered :	agont and title if applicable (NOI	TE: Registered	Age	ng arulangia In	uired when reinstating)	DATE		 -
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFIC			
TITLE		☐ DELET E	1.1 10	TLE			☐ Cha	inge 🔲 Add	ition
NAM	BATTLE, VICTOR B.		1.2 NA	1.2 NAME					
STREET ADDRESS 202 COTTONTAIL LANE 1.3			1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP PANAMA CITY FL 140			TY - \$1	T-ZIP					
TITLE		DELETE	2.1 10				☐ Cha	ange Add	ition

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAM 6.3 STRE

DELETE

☐ DELE1E

DELETÉ

DELETE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

ADDRESS

5.4 CITY+ST-ZIP

4.4 CITY-S1-ZIP

6.4 CITY CITY-ST-ZIP 14. I do hereby certify that the information supplied with the information indicated on this supplied of supplied in an officer or director of the corporation of the appears in Block 12 of Block 13 if charged or of the corporation of the appears in Block 12 of Block 13 if charged or of the corporation of the appears in Block 12 of Block 13 if charged or of the corporation mption stated in Section 119.07(3)(i), Florida Statules. I further certify that the rate and that my signature shall have the same legal effect as if made under oath; that ute this report as required by Chapter 607, Florida Statutes; and that my name ng does not qualify for the e al annual report is true and ac

☐ Change

Change

Change

Change

Addition

■ Addition

Addition

Addition

FILED

Sep 17 1997 8:00am

Secretary of State