

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

FILED  
May 15 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 # 103956 (9)

1. Corporation Name  
WALSH & WOOD FUNERAL HOME, INC.

Principal Place of Business

Mailing Address

7140 ABBOTT AVE.  
MIAMI BEACH FL 33141

7140 ABBOTT AVE.  
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 1201 S. Orlando Av.

27 Suite, Apt. #, etc.

27 Suite 365

28 City & State

28 Winter Park, FL

29 Zip

29 32789

30 Country

30 USA

3. Date Incorporated or Qualified

10/14/1925

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Gabriel Romanach

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

11655 S.W. 117th Ave.

83

84 City

Miami

FL

85 Zip Code

33186

11. Pursuant to the provisions of Sections 607.0402 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

X *[Signature]*

4-20-98

Signature typed or printed name of registered agent and the date

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, JUNE	
STREET ADDRESS	7140 ABBOTT AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LOWERY, JERRY B., JR.	
STREET ADDRESS	7140 ABBOTT AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, LEE	
STREET ADDRESS	7140 ABBOTT AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	Ronald H. Patron	
STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	Metairie, LA 70005	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	Kenneth C. Budde	
STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	Metairie, LA 70005	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gabriel Romanach	
1.3 STREET ADDRESS	11655 S. W. 117th Ave.	
1.4 CITY-ST-ZIP	Miami, FL 33186	
2.1 TITLE	D/VP/AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brent F. Heffron	
2.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William E. Rowe	
3.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
3.4 CITY-ST-ZIP	Metairie, LA 70005	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph P. Henican, III	
4.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
4.4 CITY-ST-ZIP	Metairie, LA 70005	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Corinne I. Olvey	
5.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
5.4 CITY-ST-ZIP	Winter Park, FL 32789	
6.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Frank L. Matasavage	
6.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
6.4 CITY-ST-ZIP	Winter Park, FL 32789	

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

*[Signature]*

Corinne I. Olvey

4-22-98

407/740-7000

CR2E034 (10/97)