

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90293 006 \*\*\*900.00

DOCUMENT # **600966**

1. Corporation Name  
**A.P. BOZA FUNERAL HOME, INC.**

Principal Place of Business  
**1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789**

Mailing Address  
**1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1969**

4. FEI Number

**59-1237218**

Applied For  
☐ Yes  
☒ 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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**KNOPKE, KEENAN L  
1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**  
82 Street Address **1200 PINE ISLAND ROAD**  
83  
84 City **PLANTATION, FL 33324**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PAS	KNOPKE, KEENAN L	1201 S ORLANDO AVE #365	WINTER PRK FL	<input type="checkbox"/>
SV	OLVEY, CORINNE I	1201 S ORLANDO AVE, #365	WINTER PARK FL	<input checked="" type="checkbox"/>
AS	PATRON, RONALD H	101 VETERANS BLVD.	METAIRIE LA	<input checked="" type="checkbox"/>
AS	BUDDE, KENNETH C	101 VETERANS BLVD.	METAIRIE LA	<input type="checkbox"/>
D	HENICAN, JOSEPH P III	110 VETERANS MEMORIAL BLVD	METAIRIE LA	<input type="checkbox"/>
T	MATASAVAGE, FRANK	1201 S ORLANDO AVE #365	WINTER PARK FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	ROWE, WILLIAM E.	110 VETERANS MEMORIAL BLVD	METAIRIE, LA 70005	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/V/P/AS	HEFFRON, BRENT F.	1201 S ORLANDO AVE #365	WINTER PARK, FL 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	TRAHAN, LORALICE A.	110 VETERANS MEMORIAL BLVD	METAIRIE, LA 70005	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/S	MATASAVAGE, FRANK L.	1201 S ORLANDO AVE #365	WINTER PARK, FL 32789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/AS	KNOPKE, KEENAN L.	1201 S ORLANDO AVE #365	WINTER PARK, FL 32789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Brent F. Heffron

April 14, 1999  
(407) 740-7000

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