

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **10/14/1925**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-0614284**
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. 193.032, Florida Statutes: 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11	P	WOOD, JUNE	7140 ABBOTT AVE. MIAMI BCH. FL	<input type="checkbox"/> DELETE
12	V	LOWERY, JERRY B., JR.	7140 ABBOTT AVE. MIAMI BCH. FL	<input type="checkbox"/> DELETE
13	S	WOOD, LEE	7140 ABBOTT AVE. MIAMI BCH. FL	<input type="checkbox"/> DELETE
14				<input type="checkbox"/> DELETE
15				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	2	NAME	
13	3	STREET ADDRESS	
14	4	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	6	NAME	
17	7	STREET ADDRESS	
18	8	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	10	NAME	
21	11	STREET ADDRESS	
22	12	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	14	NAME	
25	15	STREET ADDRESS	
26	16	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28	18	NAME	
29	19	STREET ADDRESS	
30	20	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registrar or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or as an attachment with an addition.

SIGNATURE: **X** *[Signature]* **Pres.** **1/22/96**
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)