## 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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

DUKES-	STEEN FUNERAL HOME,	INC.					
Principal Place of Business		Mailing Address					
3340 S. FLORIDA AVE. LAKELAND FL 33803		3340 S. FLORIDA AVE. LAKELAND FL 33803		DO NOT WRITE	IN THIS SPAC	CE C	
					3. Date Incorporated or Qualified	3a. Date of	Last Report
					05/18/1927	<u> </u>	1996
2. Principal Place of Business		2a. Malling Address	2a. Malling Address		4. FEI Number	,,	Applied For
21			26		59-0576009		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	B.75 Additional Fee Required
City & State		City & State	<b>├</b> ── <b>,</b>		Election Campalgn Financing     Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25	Z <sub>P</sub>	Country		This corporation owes or has pa Personal Property Tax due June		
	9. Name and Address of Cure	rent Registered Agent		10. Name and Address of New Registered Agent			
GANDY, RICHARD C. 3340 S. FLORIDA AVE. LAKELAND FL 33803			81 Name  82 Street Address (P.O. Box Number is Not Acceptable)				
			83				
			84	City		FL 85	Zip Code
11. Pursuant office or agent, I s	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	0502 and 607.1508, Florida Statutos, ate of Florida. Such change was aut digations of, Section 607.0505, Florid	the above horized by la Statutes	e-named the corp s.	corporation submits this statement for the poration's board of directors. I hereby acception	ourpose of char of the appointm	nging its registered nent as registered
SIGNATURE	Stout, we haved as possible arms of secretary of	Parant and telo if producable (APS) (-5)	looklaud 4	el signal.	rea irod when reignisting	DATE	
12.				istered Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE				Change

	Signature, typed or printed name of registered agent and title if applicable (NO	DTE: Registered Agent signature i	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GANDY, RICHARD C.	1.2 NAME	
STREET ADDRESS	3340 S. FLORIDA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	
TITLE	DELETE	3.1 THTLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	6.4 CITY - \$T - ZIP	

14. To 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 is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the composition or title 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 12 or Block 12 or an attachment with an address.

SIGNATURE:

7-21-97

941-646-5702

**FILED** 

Jul 25 1997 8:00am

Secretary of State