

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra R. Mottron  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **128145** (0)

1. Corporation Name  
**GEORGE H. HEWELL AND SON FUNERAL HOMES, INC.**



Principal Place of Business: INC. 4747 MAIN ST. JACKSONVILLE FL 32206-1439  
Mailing Address: INC. 4747 MAIN ST. JACKSONVILLE FL 32206-1439

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Quoted: 10/06/1933  
3a. Date of Last Report: 03/02/1995  
4. FEI Number: 59-0317540 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HEWELL, GEORGE H 4747 MAIN STREET JACKSONVILLE FL  
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation, in submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, said 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 607.0502, Florida Statutes.

SIGNATURE: *Geo. H. Hewell* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD HEWELL, GEORGE H 7017 CRANE AVE JACKSONVILLE FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY, ST., ZIP		4. CITY, ST., ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<del>VD</del>	5. TITLE	
6. NAME	<del>HEWELL, ANNE S</del>	6. NAME	SDV Hewell, George H II
7. STREET ADDRESS	<del>7017 CRANE AVE</del>	7. STREET ADDRESS	1044 Carlotta Rd
8. CITY, ST., ZIP	<del>JACKSONVILLE FL</del>	8. CITY, ST., ZIP	Jacksonville, FL
9. TITLE	SD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	HEWELL, GEORGE H II	10. NAME	
11. STREET ADDRESS	1044 CARLOTTA ROAD	11. STREET ADDRESS	
12. CITY, ST., ZIP	JACKSONVILLE FL	12. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	T	13. TITLE	
14. NAME	HEWELL, GEORGE H	14. NAME	
15. STREET ADDRESS	7017 CRANE AVENUE	15. STREET ADDRESS	
16. CITY, ST., ZIP	JACKSONVILLE FL	16. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST., ZIP		20. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing was 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 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 in large type or in combination with an address.

SIGNATURE: *Geo. H. Hewell* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_

CR2E034 (12/95)