

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/06/1933	4. FEI Number 59-0317540	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent HEWELL, GEORGE H 4747 MAIN STREET JACKSONVILLE FL		81 Name	10. Name and Address of New Registered Agent	
		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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HEWELL, GEORGE H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWELL, GEORGE H	1.2 NAME	
STREET ADDRESS	7017 CRANE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SDV HERWELL, GEORGE H II	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERWELL, GEORGE H II	2.2 NAME	
STREET ADDRESS	1044 CARLOTTA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD HEWELL, GEORGE H II	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWELL, GEORGE H II	3.2 NAME	
STREET ADDRESS	1044 CARLOTTA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T HEWELL, GEORGE H	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWELL, GEORGE H	4.2 NAME	
STREET ADDRESS	7017 CRANE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *X* *Geo. H. Hewell* **2/20/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032183

CR2E034 (10/97)