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

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1203 HENDRICKS AVE

Suite, Apt. #, etc.

JACKSONVILLE FL 32247

2. Principal Place of Business

P.O. BOX 5828

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

ROBERT M. NAUGLE MORTUARIES, INC.

Mailing Address

P.O. BOX 5828

2a. Mailing Address

Suite, Apt. #, etc

1203 HENDRICKS AVE

JACKSONVILLE FL 32247

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

April 27, 198904-396-611

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 04/04/1934

59-1102047

5. Certificate of Status Desired

4. FEI Number

22		27	27			5. Certificate of Status Desired LJ Fee Required	
City & State City & State						6, Election Campaign Financing \$5.00 May Be	
23	328					Trust Fund Contribution	
Zip	Country	Z _t p	Cour	ntry		This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🔲 No	
		of Current Registered Agent				10. Name and Address of New Registered Agent	
NAUGLE,ROBERT M 1203 HENDRICKS AVE JACKSONVILLE FL				81	Name		
				82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
				_	<u>.</u>		
			1	83			
				84 City 85 Zip Code			
· · · · · · · · · · · · · · · · · · ·				L		FL S 29 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 bereby accept the appointment as 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 re-		DTE Registered	Agent	signature requ	ired when reinstating! DATE	
12.	Orric	OFFICERS AND DIRECTORS DELETE				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	NAUGLE, ELAINE L			1.1 TITLE 1.2 NAME		Change C Addition	
STREET ADDRESS	1203 HENDRICKS AV	E	B				
	ACHODANALLE DI			1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	P			1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME .	NAUGLE, ROBERT MORRIS			2.2 NAME			
STREET ADDRESS	1203 HENDRICKS AVI		4		DDAESS		
CITY-ST-ZIP	JACKSONVILLE FL	-	2.4 CIT		·· · · · · · · · · · · · · · · · · ·		
TITLE	C	DELETE	3.1 TITE	_	- <u>ZIP</u>	Change Addition	
NAME	MALIALE APPEND		3.2 NA		}	Consider Transmitted	
STREET ADDRESS	1203 HENDRICKS AVI	•			DDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	-		3.4. CITY-ST-ZIP			
TITLE				41 TITLE		Change Addition	
NAME	NAUGLE, ELAINE L	_	4. 2 NA]	- · - i	
STREET ADORESS	1203 HEUDRICKS AVE	∃			DORESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CIT		1		
TITLE		DELETE	5.1 Tilt			☐ Change ☐ Addition	
NAME			5.2 NAM	ΝE			
STREET ADDRESS			5.3 STR	EET A	DORESS		
CITY-ST-ZIP			54 CIT				
TITLE		DELETE	6 1 TITL			☐ Change ☐ Addition	
NAME			6.2 NAA	Æ	-		
STREET ADDRESS			6.3 STR	EET A	DORESS		
CITY-ST-ZIP			6.4 CITY	r-ST-	ZIP		
14. Thereby 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 conversion 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 thanaged or on an attachment with an address.							
and the state of t							

Elaine Naude