

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:36

DOCUMENT # 143802 (7)

1. Corporation Name  
**ORANGE STATE CASKET COMPANY**

Principal Place of Business	Mailing Address
5127 WEST HANNA P.O. BOX 151195 TAMPA FL 33684	5127 WEST HANNA P.O. BOX 151195 TAMPA FL 33684

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/01/1945	3a. Date of Last Report 03/29/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0535926	Applied For 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	24. Zip	25. Country
29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROYSER, RAYMOND H. 10714 CARROLL LAKE DR. TAMPA FL 33618	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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CM	1.1 TITLE	CM/PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYSER, RAYMOND H	1.2 NAME	RAYMOND H. ROYSER
STREET ADDRESS	10714 CARROLL LAKE DR	1.3 STREET ADDRESS	10714 CARROLL LAKE DRIVE
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	TAMPA, FL 33618
TITLE	P	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, WILLIAM F., JR.	2.2 NAME	WILLIAM F. DURHAM, JR.
STREET ADDRESS	2517 SHREWSBURY RD.	2.3 STREET ADDRESS	2517 SHREWSBURY RD.
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	ORLANDO, FL
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ALICE C	3.2 NAME	
STREET ADDRESS	10608 COQUITA LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, ERNESTINE R	4.2 NAME	
STREET ADDRESS	2517 SHREWSBURY RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO 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 do 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 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 amendment with an address.

SIGNATURE:

RAYMOND H. ROYSER, CM 2/15/95 (813) 884-1408

SIGNATURE AND TYPED OR PRINTED NAME OF LEADING OFFICER OR DIRECTOR

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