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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **147307** (3)

1. Corporation Name
BAGGETT AND SUMMERS FUNERAL HOME, INC.

Principal Place of Business
**736 S. BEACH ST
P. O. BOX 2690
DAYTONA BEACH FL 32115**

Mailing Address
**736 S. BEACH ST
P. O. BOX 2690
DAYTONA BEACH FL 32115-2690**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CROTTY, E WILLIAM
501 N GRANDVIEW AVE
DAYTONA BEACH, FL
32018**

3. Date Incorporated or Qualified
06/04/1946

3a. Date of Last Report
06/11/1996

4. FEI Number
59-0557101

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

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 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

12.1 NAME **PD SUMMERS, L.J.** ☐ DELETE
12.2 STREET ADDRESS **301 GULL DRIVE SOUTH DAYTONA BEACH FL**
12.3 CITY - ST - ZIP **STD**
12.4 NAME **SUMMERS, DEANNA** ☐ DELETE
12.5 STREET ADDRESS **301 GULL DRIVE SOUTH DAYTONA BEACH FL**
12.6 CITY - ST - ZIP **VD**
12.7 NAME **SUMMERS, LORI L.** ☐ DELETE
12.8 STREET ADDRESS **5899 KENDREW DR PORT ORANGE FL**
12.9 CITY - ST - ZIP ☐ DELETE
12.10 NAME ☐ DELETE
12.11 STREET ADDRESS
12.12 CITY - ST - ZIP
12.13 NAME ☐ DELETE
12.14 STREET ADDRESS
12.15 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP ☐ Change ☐ Addition
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY - ST - ZIP ☐ Change ☐ Addition
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY - ST - ZIP ☐ Change ☐ Addition
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY - ST - ZIP

14. I, _____, do 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: *Lori Summers* **LORI SUMMERS, Vice-PRES. 3/17/97 904-252-3767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print #

0026326

CR2E034 (9/96)