

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

APPROVED
AND
FILED

1995 MAR 17 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 207982 (0)

1. Corporation Name
SCI FUNERAL SERVICES OF FLORIDA, INC.

Principal Place of Business Mailing Address
1929 ALLEN PARKWAY HOUSTON TX 77019 - 9th FL. #143Y
1929 ALLEN PARKWAY HOUSTON TX 77019 - 9th FL. #2434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/03/1957 3a. Date of Last Report 04/01/1994
4. FEI Number 59-0818059 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

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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81. Name The Prentice Hall Corp Sys., Inc.
82. Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street
83. Suite 105
84. City Tallahassee FL 85. Zip Code 32301

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

TITLE	P
NAME	GARRISON, J. DANIEL
STREET ADDRESS	1929 ALLEN PARKWAY
CITY - ST - ZIP	HOUSTON TX
TITLE	VD
NAME	POYNTER, EARNEST
STREET ADDRESS	1929 ALLEN PARKWAY
CITY - ST - ZIP	HOUSTON TX
TITLE	AS
NAME	GARRISON, J. DANIEL
STREET ADDRESS	1929 ALLEN PARKWAY
CITY - ST - ZIP	HOUSTON TX
TITLE	T
NAME	GOFF, JOAN B.
STREET ADDRESS	1929 ALLEN PARKWAY
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	GARRISON, J. DANIEL
STREET ADDRESS	1929 ALLEN PARKWAY
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	GOFF, JOAN B.
STREET ADDRESS	1929 ALLEN PARKWAY
CITY - ST - ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400001434804
1.4 CITY - ST - ZIP	-03/21/95--01079--014
2.1 TITLE	****288.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 attachment with an address.

SIGNATURE: Joan B. Goff, Joan B. Goff, B-6-23 (1/3) 522-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License Fee \$