

SIGNATURE:

SIGNATURE AND

R PRINTED NAME OF SIGNING OFFIC

2004 FOR PROFIT CORPORATION

HIED **ANNUAL REPORT DOCUMENT # 207982** 04 JAN 20 AM IO: 35 1. Entity Name SCI FUNERAL SERVICES OF FLORIDA, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 7077 BONNEVAR RD #450 1929 ALLEN PKWY JACKSONVILLE, FL 32216 HOUSTON, TX 77019 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01062004 Chq-P 4. FEI Number City & State City & State Applied For Not Applicable 59-0818059 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Channe ☐ Addition Delete NAME USELTON, MICHAEL NAME 1929 ALLEN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77019 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TIMOTHY J. CLAIBORNE NAME 800027767998 01/29/04--01024--017 **150.00 1929 ALLEN PKWY., 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GIPSON, RAY A NAME NAME STREET ADDRESS 1929 ALLEN PKWY STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77019 CITY-ST-ZIP TITLE **Addition** Delete TITLE Change HARRIS E. LORING III NARRIE, LORINE NAME NAME 1929 Allen PAIKWAY STREET ADDRESS 1929 ALLAN PKWY STREET ADDRESS HOUSTON, TX 77019 CITY-ST-ZIP CITY-ST-7IP HOUS TOD TX 77019 TITLE TITLE Delete □ Change Addition NAME MARSHALL, JUDITH NAME 1929 ALLEN PKWY., 9TH FLOOR STREET ADDRESS STREET ADDRESS HOUSTON, TX 77015 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition USELTON, MICHAEL NAME NAME STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR STREET ADDRESS CITY - ST- 7IP HOUSTON, TX 77019 CITY-ST-7IP 12. 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 report or supplemental 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with anyadduses, with all other like empowered.

7/3-522-5/4/ Daytime Phone #