

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 24 1996 8:00 am**  
Secretary of State

**DOCUMENT # 317162 (6)**

1. Corporation Name  
**FUNERAL SERVICES, INC.**

Principal Place of Business: **1200 THOMASVILLE RD. TALLAHASSEE FL 32303**  
Mailing Address: **P.O. BOX 13407 TALLAHASSEE FL 32317**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/23/1967</b>	3a. Date of Last Report <b>04/12/1995</b>
21		26		4. FEI Number <b>59-1205307</b>	Applied For Not Applicable
22. Suite, Apt. #, etc		27. Suite, Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <b>KK</b> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>IRWIN, HARRIET C 1200 THOMASVILLE RD. TALLAHASSEE FL 32303</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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 637.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature is required when filing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID P FARLEY</b>	1.2 NAME	
STREET ADDRESS	<b>265 SOUTH NOKOMIS AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>L. CURRY RALEY</b>	2.2 NAME	
STREET ADDRESS	<b>404 W PALMETTO STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AVP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>F JAMES WYLIE, JR.</b>	3.2 NAME	
STREET ADDRESS	<b>502 EAST JEFFERSON STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNETH L ROBERSON</b>	4.2 NAME	
STREET ADDRESS	<b>2151 TAMiami TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOANNE H BLACK</b>	5.2 NAME	
STREET ADDRESS	<b>103 BROADWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES M BROWN</b>	6.2 NAME	
STREET ADDRESS	<b>5624 28TH STREET W</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	6.4 CITY-ST-ZIP	

*See attached*

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 attachment with an address.

SIGNATURE: *Harriet C Irwin* Harriet C Irwin 4/19/96 (904)425-1340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)

2-7



**CORPORATION  
ANNUAL REPORT  
1996**

**317162**  
Funeral Services, Inc.  
1200 Thomasville Road  
Post Office Box 13407 (32317)  
Tallahassee, Florida 32303

<u>Names of Officers and Directors</u>	<u>Title</u>	<u>Street Address of Each Officer and Director</u>	<u>City and State</u>
David V. Toale	COB/D	40 North Orange Avenue	Sarasota, Fl
G. Earl Quattlebaum	VCOB/D	1201 South Olive Avenue	West Palm Beach, Fl
Ashley P. Beggs	D	301 North Orange Street	Madison, Fl
<del>Joanne H. Black</del>	D	103 Broadway	Daytona Beach, Fl
<del>Charles M. Brown</del>	D	5624 - 26th Street W	Bradenton, Fl
Joe P. Burns, Jr.	D	1400 N Johnson-Stripling Rd	Perry, Fl
<del>David P. Farley</del>	D	265 South Nokomis Avenue	Venice, Fl
<u>L. Curry Raley</u>	D	404 W. Palmetto Street	Wauchula, Fl
Judith C. Ralph	D	7001 Northwest 4th Street	Plantation, Fl
<del>Kenneth L. Roberson</del>	D	2151 Tamiami Trail	Port Charlotte, Fl
W. Steve Southerland	D	1123 Harrison Avenue	Panama City, Fl
Steve L. Stanfill	D	10545 South Dixie Highway	Miami, Fl
<b>Bernard Skown</b>	<b>Pre/CEO/Trea</b>	<b>1200 Thomasville Road</b>	<b>Tallahassee, Fl</b>
Harriet Irwin	EVP/Sec	1200 Thomasville Road	Tallahassee, Fl
<u>F. James Wylie, Jr.</u>	is to be deleted, no longer an officer		

\* All changes are indicated in bold.