

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/23/1967

4. FEI Number
59-1205307

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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	29
25	30

9. Name and Address of Current Registered Agent

**IRWIN, HARRIET C
 1200 THOMASVILLE RD.
 TALLAHASSEE FL 32303**

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 _____ 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	COBD	<input type="checkbox"/> DELETE
NAME	TOALE, DAVID V.	
STREET ADDRESS	40 N. ORANGE AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VCOB	<input type="checkbox"/> DELETE
NAME	QUATTLEBAUM, G. EARL	
STREET ADDRESS	1201 S. OLIVE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEGGS, ASHLEY P.	
STREET ADDRESS	301 N. ORANGE STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOUTHERLAND, W. STEVE	
STREET ADDRESS	1123 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANFILL, STEVE L.	
STREET ADDRESS	10545 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	IRWIN, HARRIET	
STREET ADDRESS	1200 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	

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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	

See attached

14. 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 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: *[Signature]* 4/28/98

CR2E034 (10/97)

PROFIT
CORPORATION
ANNUAL REPORT
YEAR: 1998

DOCUMENT # 31762 (6)

1. Corporation Name:
FUNERAL SERVICES, INC.

2. Principal Place of Business:
FUNERAL SERVICES, INC.
1200 Thomasville Road
Tallahassee, FL 32303

2a. Mailing Address:
P.O. Box 32317
Tallahassee, FL 32317

3. Date Incorporated or Qualified:
5/23/67

4. FEI Number:
59-1205307

9. Name and Address of Current Registered Agent:

Irwin, Harriet C.
1200 Thomasville Road
Tallahassee, FL 32303

12. OFFICERS AND DIRECTORS:

Title COBD
Name TOALE, DAVID V.
St. Address 40 N. Orange Avenue
City-St-Zip Sarasota, FL 34236

Title VCOB
Name QUATTLEBAUM, EARL
St. Address 1201 S. Olive Avenue
City-St-Zip West Palm Beach, FL

Title D
Name BEGGS, ASHLEY P.
St. Address 301 N. Orange Street
City-St-Zip Madison, FL 32340

Title D
Name SOUTHERLAND, W. STEVE
St. Address 1123 Harrison Avenue
City-St-Zip Panama City, FL 32405

Title D
Name STANFILL, STEVE L.
St. Address 10545 South Dixie Highway
City-St-Zip Miami, FL 33156

Title P
Name IRWIN, HARRIET
St. Address 1200 Thomasville Road
City-St-Zip Tallahassee, FL 32303

13. ADDITIONS/CHANGES & DIRECTORS IN 12

DELETE Title D Change Addition
Name
St. Address
City-St-Zip

DELETE Title VCOB/D Change Addition
Name
St. Address
City-St-Zip

DELETE Title COB/D Change Addition
Name
St. Address
City-St-Zip

DELETE Title Change Addition
Name
St. Address 100 East 19th Street
City-St-Zip

DELETE Title Change Addition
Name
St. Address
City-St-Zip

DELETE Title Change Addition
Name
St. Address
City-St-Zip

Harriet C. Irwin
Registered Agent

4/28/98

850 425 1340

PROFIT CORPORATION ANNUAL REPORT YEAR: 1998

PAGE 2

DOCUMENT # 31762 (6)

1. Corporation Name: FUNERAL SERVICES, INC.

Title VP/CIO Name SKINNER, J. ROBIN St. Address 1200 Thomasville Road City-St-Zip Tallahassee, FL 32303 [] DELETE [] Change [X] Addition

Title AVP Name WHITFIELD, MEIKO H. St. Address 1200 Thomasville Road City-St-Zip Tallahassee, FL 32303 [] DELETE [] Change [X] Addition

Title S/T Name BRYANT, JR. STERLING A. St. Address 1200 Thomasville Road City-St-Zip Tallahassee, FL 32303 [] DELETE [] Change [X] Addition

Title D Name BLACK, JOANNE H. St. Address 103 Broadway City-St-Zip Daytona Beach, FL 32018 [] DELETE [] Change [X] Addition

Title D Name BROWN, CHARLES. M. St. Address 5624 26th Street W. City-St-Zip Bradenton, FL 34207 [] DELETE [] Change [X] Addition

Title D Name FARLEY, DAVID P. St. Address 265 South Nokomis Avenue City-St-Zip Venice, FL 34285 [] DELETE [] Change [X] Addition

Title D Name RALPH, JUDITH C. St. Address 7001 Northwest 4th St. City-St-Zip Plantation, FL 33317 [] DELETE [] Change [X] Addition

Title D Name ROBERSON, KENNETH L. St. Address 2151 Tamiami Trail City-St-Zip Port Charlotte, FL 33592 [] DELETE [] Change [X] Addition

Handwritten signature and text: Registered Agent

4/28/98

850 425 1346