FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600371 (9)

1. Corporation Name
STEVENS BROTHERS FUNERAL HOME, P. A.

Principal Place of Business	Mailing Address
1803 NORTH TAMARIND AVE W PALM BCH FL 33407	1803 NORTH TAMARIND AVE W PALM BCH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1968
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-1270712 ☐ 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

9. Name and Address of Current Registered Agent

STEVENS, ROBERT J
1803 TAMARINO AVE
W PALM BCH FL 33407

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
(Required. Typed or printed name of registered agent and title if agent is an officer.) (NOT Required if Registered Agent signature required above; mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☐ Change ☒ Addition
NAME	STEVENS,ROBERT J	12 NAME	STEVENS, DARRYL L.	
STREET ADDRESS	1803 N TAMARIND AVE	13 STREET ADDRESS	1803 N. Tamarind Ave.	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	West Palm Beach, Fl.	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	STEVENS,RONALD V	22 NAME		
STREET ADDRESS	1803 N TAMARIND AVE	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	STEVENS, HOWARD B	32 NAME		
STREET ADDRESS	1803 N TAMARIND AVE	33 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	STEVENS, RODERICK W	42 NAME		
STREET ADDRESS	1803 N TAMARIND AVE	43 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	STEVENS, MARC	52 NAME		
STREET ADDRESS	1803 N TAMARINO AVE	53 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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] 4-24-95 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF RISING OFFICER OR DIRECTOR — Date — Daytime Phone #

0244424 CP