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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 600371 (9)

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

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

Mailing Address
1803 NORTH TAMARIND AVE
W PALM BCH FL 33407-6235



3. Date Incorporated or Qualified 05/14/1968
3a. Date of Last Report 05/01/1996

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

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

30

9. Name and Address of Current Registered Agent

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

TAMARIND

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 STEVENS, ROBERT J
STREET ADDRESS 1803 N TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE D
NAME STEVENS, RONALD V
STREET ADDRESS 1803 N TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE T
NAME STEVENS, HOWARD B
STREET ADDRESS 1803 N TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE D
NAME STEVENS, RODERICK W
STREET ADDRESS 1803 N TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE D
NAME STEVENS, MARC
STREET ADDRESS 1803 N TAMARIND AVE
CITY-ST-ZIP W PALM BCH FL

☐ DELETE

TITLE D
NAME STEVENS, DARRYL L.
STREET ADDRESS 1803 N. TAMARIND AVE.
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

[Handwritten signatures]

CR2E034 (9/96)