

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

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 600966 (6)

1. Corporation Name

A.P. BOZA FUNERAL HOME, INC.



700001869377
-06/20/96--01040--009
***200.00

Principal Place of Business

1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

Mailing Address

1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

3. Date Incorporated or Qualified
04/28/1969

3a. Date of Last Report
03/24/1995

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

9. Name and Address of Current Registered Agent

25

Country

29

Country

30

4. FEI Number

59-1237218

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

10. Name and Address of New Registered Agent

81 Name

RAYMOND C. KNOPKE, JR.

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

1201 S. ORLANDO AVE.

83

SUITE 365

84 City

WINTER PARK

FL

85 Zip Code
32789

11. Pursuant to the provisions of Sections 607 (0402) and 607.15(3), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of person performing the filing (not required for this statement)

Signature of Registered Agent (Signature required for this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PANTER, MARK A	
STREET ADDRESS	4207 E LAKE AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SV	☐ DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AS	☐ DELETE
NAME	PATRON, RONALD H	
STREET ADDRESS	101 VETERANS BLVD.	
CITY-ST-ZIP	METairie LA	
TITLE	AS	☐ DELETE
NAME	BUDDE, KENNETH C	
STREET ADDRESS	101 VETERANS BLVD.	
CITY-ST-ZIP	METairie LA	
TITLE	V	☐ DELETE
NAME	SAGARO, JUAN J	
STREET ADDRESS	4207 E LAKE AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☒ DELETE
NAME	HUGHES, JOHN T	
STREET ADDRESS	4207 E LAKE AVE	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/T	☐ Change ☒ Addition
1.2 NAME	Frank Matasavage	
1.3 STREET ADDRESS	2400 Harrell Road	
1.4 CITY-ST-ZIP	Orlando, FL 32817	
2.1 TITLE	VP/D	☐ Change ☒ Addition
2.2 NAME	William E. Rowe	
2.3 STREET ADDRESS	110 Veterans Blvd	
2.4 CITY-ST-ZIP	Metairie, LA 70005	
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	Raymond C. Knopke, Jr.	
3.3 STREET ADDRESS	1201 S. Orlando Ave. Suite 365	
3.4 CITY-ST-ZIP	Winter Park, FL 32789	
4.1 TITLE	VP	☐ Change ☒ Addition
4.2 NAME	James A. Hora	
4.3 STREET ADDRESS	2400 Harrell Road	
4.4 CITY-ST-ZIP	Orlando, FL 32817	
5.1 TITLE	VP	☐ Change ☒ Addition
5.2 NAME	Scarlett A Brown	
5.3 STREET ADDRESS	737 Main Street	
5.4 CITY-ST-ZIP	Safety Harbour, FL 34695	
6.1 TITLE	VP/D	☐ Change ☒ Addition
6.2 NAME	Brian J. Marlowe	
6.3 STREET ADDRESS	6707 Democracy Blvd Suite950	
6.4 CITY-ST-ZIP	Bethesda, MD 20817	

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corinne I. Olvey, VP/S

4/29/96

407/740-7000

05 5/1/96

CR2E034 (12/95)

600966

2-2

A. P. BOZA FUNERAL HOME, INC.

**BLOCK 13 - CONTINUED - ADDITIONS/CHANGES TO THE OFFICERS
LISTED IN BLOCK 12**

The following are additional Officer(s) of this corporation as space was not
available in Block 13 of the original form completed:

D Joseph P. Henican, III.
 110 Veterans Blvd.
 Metairie, LA 70005

Addition ☒