

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 006 ***900.00

DOCUMENT # **600966**

1. Corporation Name
A.P. BOZA FUNERAL HOME, INC.

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1969

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**KNOPKE, KEENAN L
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**
82 Street Address **1200 PINE ISLAND ROAD**
83
84 City **PLANTATION, FL 33324**

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	PAS	☐ DELETE
NAME	KNOPKE, KEENAN L	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PRK 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	D	☐ DELETE
NAME	HENICAN, JOSEPH P III	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	T	☐ DELETE
NAME	MATASAVAGE, FRANK	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	ROWE, WILLIAM E.	
1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
1.4 CITY-ST-ZIP	METAIRIE, LA 70005	
2.1 TITLE	D/V/P/AS	☐ Change ☒ Addition
2.2 NAME	HEFFRON, BRENT F.	
2.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
2.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
3.1 TITLE	AS	☐ Change ☒ Addition
3.2 NAME	TRAHAN, LORALICE A.	
3.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
3.4 CITY-ST-ZIP	METAIRIE, LA 70005	
4.1 TITLE	T/S	☒ Change ☐ Addition
4.2 NAME	MATASAVAGE, FRANK L.	
4.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
5.1 TITLE	P/AS	☒ Change ☐ Addition
5.2 NAME	KNOPKE, KEENAN L.	
5.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
5.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (11/98)

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