

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 603663 (6)
1. Corporation Name
WALLACE & WHITE FUNERAL HOME & CREMATORY, INC.



Principal Place of Business
861 COLORADO AVE
861 COLORADO AVE
STUART FL 34994

Mailing Address
861 COLORADO AVE
861 COLORADO AVE
STUART FL 34994-3737

3. Date Incorporated or Qualified
07/26/1972

3a. Date of Last Report
04/09/1996

4. FEI Number
59-1402995

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 1929 ALLEN PARKWAY
27 Suite, Apt. #, etc.
28 DEPT 2934 9TH FLOOR
29 City & State
30 HOUSTON, TEXAS
31 Zip
32 77019
33 Country

9. Name and Address of Current Registered Agent
WALLACE, JOHN
804 N W FOREST DR
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name
CSC The United States Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83 City
TALLAHASSEE
84 State
FL

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 *Karen B. Rozar* Karen B. Rozar 2/10/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WALLACE, JOHN	1.2 NAME	TIMOTHY J. CLAIBORNE
STREET ADDRESS	804 N W FOREST DR	1.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019
TITLE	ST	2.1 TITLE	STD
NAME	HARRIS, PATRICIA J	2.2 NAME	JOAN B. GOFF
STREET ADDRESS	1318 RIVERSIDE DR	2.3 STREET ADDRESS	1929 ALLEN PARKWAY DEPT 2934 9TH FLOOR
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019
TITLE	VD	3.1 TITLE	VP
NAME	WHITE, JACK L	3.2 NAME	RICHARD A. CHESLER
STREET ADDRESS	510 RIVERPOINT DR N	3.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
CITY-ST-ZIP	STUART, FL 0	3.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	FRANK BANGO
STREET ADDRESS		4.3 STREET ADDRESS	1929 ALLEN PARKWAY DEPT 2934 9TH FLOOR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019
TITLE		5.1 TITLE	VP
NAME		5.2 NAME	KENNETH W. CONKLIN
STREET ADDRESS		5.3 STREET ADDRESS	1929 ALLEN PARKWAY DEPT 2934 9TH FLOOR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019
TITLE		6.1 TITLE	SD
NAME		6.2 NAME	MARY JANE FRAZIER
STREET ADDRESS		6.3 STREET ADDRESS	1929 ALLEN PARKWAY DEPT 2934 9TH FLOOR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019

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. 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: *Joan B. Goff* JOAN B. GOFF JANUARY 29, 1997 (713) 525-5571
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)