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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # 605510 (7) WENDELL P. HOLMES FUNERAL DIRECTOR, P.A. | | | | | | | 1441 460 |
|--|---|---------------------|-------------|----------------------------------|---|----------------|------------|
| Principal Place of Business Mailing Address | | | | | | | |
| , | | | MELII IP | | 1 | | |
| 2719 W. EDGEWOOD AVENUE 2719 W. EDGEWOOD AVE JACKSONVILLE FL 32209-8314 JACKSONVILLE FL 32209 | | | | | | | |
| and the state of t | | | 100 001 7 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | 12/29/1978 | | Ì |
| 2. Principal Place of Business | | 2a. Malling Address | | 4. FEI Number | Ap | plied For | |
| 21 | | 26 | | 59-1987887 | No | t Applicable | |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 | Additional | |
| 22 | | 27 | | 5. Optimidate of Status Desired | Fee Re | quired | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Added t | o Fees |
| —₁ Zip | Country | Zip | Coun | try | 8. This corporation owes or has paid the | | 1 |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | | No |
| | 9. Name and Address of Current | t Registered Agent | | 31 Name | 10. Name and Address of New Registe | rea Agent | |
| HOLMES, JR., WENDELL | | | · · | 31 Name | | | |
| | 19 WEST EDGEWOOD AVE | 82 | | 32 Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| JAI | CKSONVILLE FL 32209-9314 | | ١. | | | | |
| | | | 1 | 33 | | | |
| | | | [8 | 34 City | | 85 Zip (| Code |
| | | | | <u> </u> | | FL S | |
| SIGNATURE | ogistered agent, or both, in the State in familiar with, and accept the obligation of the state | | | | rporation submits this statement for the purpo ation's board of directors. I hereby accept the jured when rensisting) | appointment as | registered |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | S IN 12 |
| TITLE | PT | • | | E | | Change | ☐ Addition |
| NAME | HOLMES, WENDELL P. JR. | | 1.2 NAN | AE] | | |], |
| STREET ADDRESS | 2719 W. EDGEWOOD AVE | | 1.3 STR | EET ADDRESS | | | Ļi |
| CITY-ST-ZIP | | | 1.4 C(1) | 1-ST-ZIP | | | |
| TITLE | 8 | XX DĒLETE : | | ···· , — | | XX Change | Addition |
| NAME | HOLMES, VIVIAN B. | | 2.2 NAM | AE : | Bennett, Julius C. 2719 W. Edgewood Ave. | | |
| STREET ADDRESS | 2719 W. EDGEWOOD AVE. | | 2.3 S1R | EET ADDRESS | 2719 W. Edgewood Ave. | | - |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2. 4 CIT | Y-\$1-ZIP | Jacksonville, FL 32209 | | |
| TITLE | ☐ DELETE 3.1° | | 3.1 TITL | f T | | Change | Addition |
| NAME) | • | | 3.2 NAN | AE j | | | ļ |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | | | Ì |
| CITY-ST-ZIP | | | 3.4. CIT | Y-ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITL | | | ☐ Change | Addition |
| NAME | | | 4. 2 NA | ME | | | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY | (-ST-ZIP | | | |
| TITLE | | DELETE | 5.1 TITL | | | Change | ☐ Addition |
| NAME | | | 5.2 NAV | ne | | | 1 |
| STREET ADDRESS | | | 5.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | | | | /-ST-ZiP | | | |
| TITLE | | DELETE | 6.1 TITL | | | Change | Addition |
| NAME | | | 6.2 NAM | AE | | |) |
| STREET ADDRESS | | | | EET ADDRESS | | 4 | } |
| CITY-ST-ZIP | | | - 1 | '-\$1-ZIP | | , | |

6.4.CITY-SI--ZIP

14. Thereby 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 supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certified supplier certified in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier certified in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier certified in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier certified in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier certified in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier certified in Section 119.07(3)(i), Florida Statutes. I further certified in Section 119.07(3)(i), Florida Statutes. I further certified in Sectio

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May 15 1998 8:00am

Secretary of State