

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 659750 (4)

1. Corporation Name

DANIELS FUNERAL HOMES, INC.



Principal Place of Business

Mailing Address

C/O J.B. DANIELS, JR.
516 E HOWARD ST
LIVE OAK FL 32060

C/O J.B. DANIELS, JR.
516 E HOWARD ST
LIVE OAK FL 32060

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, J.B. JR
516 E HOWARD ST
LIVE OAK FL 32060

81 Name
JAMES B. DANIELS, III
82 Street Address (P.O. Box Number is Not Acceptable)
516 E. HOWARD ST.
83
84 City
LIVE OAK
85 Zip Code
FL 32060

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: James B. Daniels III

(NOTE: Registered Agent signature required when reinstating)

1-22-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	DANIELS, JAMES B. III	516 E HOWARD ST	LIVE OAK, FL 0	☐
CD	DANIELS, JAMES B. JR	516 E HOWARD ST	LIVE OAK, FL 0	☐
STD	DANIELS, W KEITH	516 E HOWARD ST	LIVE OAK, FL 0	☐
				☐
				☐
				☐
				☐

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐	☐

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)(k), 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

1-22-96

(904) 362-4333

Day

Daytime Phone #

CR2E034 (12/95)