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May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 659750 1. Corporation Name DANIELS FUNERAL HOMES, INC.			
Principal Place of Business 516 E. HOWARD ST. LIVE OAK, FL		Mailing Address 516 E. HOWARD ST. LIVE OAK, FL	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 LIVE OAK 24 Zip 25 Country		2a. Mailing Address 26 P. O. BOX 786 27 Suite, Apt. #, etc. 28 LIVE OAK, FLORIDA 29 Zip 30 SUWANNEE	
9. Name and Address of Current Registered Agent UNKNOWN		10. Name and Address of New Registered Agent 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 FL 85 Zip Code 32060	
11. Pursuant to the provisions of Sections 607.0102 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 <i>James B. Daniels, III</i> DATE 4/28/98 (Signature, typed or printed name of registered agent and title if applicable. (None - Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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	
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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.

APRIL 28, 1998 904 362 4333

CR2E034 (10/97)