

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 667467 (5)

1. Corporation Name
CARTHAGE CHAPEL FUNERAL HOME, INC.

Principal Place of Business

933 W. BEAVER ST
JACKSONVILLE FL 32204
US

Mailing Address

P. O. BOX 2412
JACKSONVILLE FL 32203-2412
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/22/1980

3a. Date of Last Report

03/11/1996

4. FEI Number

59-1997104

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

8. Name and Address of Current Registered Agent

PEELE, GERTRUDE H
4338 ROTH DRIVE SOUTH
929 W. BEAVER STREET
JACKSONVILLE FL 32204

KENNETH PEELE, JR.
1234 TURTLE CREEK DR. N.
P.O. BOX 2412
JACKSONVILLE, FL 32203

10. Name and Address of New Registered Agent

81 Name
KENNETH PEELE JR.
82 Street Address (P.O. Box Number is Not Acceptable)
929 WEST BEAVER STREET / P.O. BOX 2412
83
84 City
JACKSONVILLE
85 Zip Code
FL 32203

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

Kenneth Peele Jr.

Kenneth Peele Jr.

1-29-97

Signature of the person appointed as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | PEELE, SHARON L | |
| STREET ADDRESS | 4338 ROTH DRIVE, SOUTH | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | PEELE, KENNETH JR | |
| STREET ADDRESS | 1234 TURTLE CREEK DR. N. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | PEELE-PITTS, GAYLE | |
| STREET ADDRESS | 3339 FRANKLIN AVENUE | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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; 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:

Kenneth Peele Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-97

904-354-0545

Date

Daytime Phone #

CR2E034 (9/96)