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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 674182

(1)

KERSEY FUNERAL HOME, INC.

FILED
Jan 28 1997 8:00am
Secretary of State

Principal Plac	e of Busines		Mailing Address						(1883) OTHER CONTROL OF THE PROPERTY OF THE P					
108 LAKE STELLA DRIVE P.O. BOX 605				108 LAKE STELLA DRIVE P.O. BOX 605										
AUBURNDALE FL 33823				AUBURNDALE FL 33823-0605						3. Date Incorporated or Qualified 3a. Date of Last Report				
9 Deinging D	None of Decis									06/19/1980	<u>uen</u>)9/199 <u>6</u>		
2. Principal Place of Business				2a. Mailing Address						4. FEI Number 59-2005011			Applied For	
Suite, Apt. #, etc				Surte, Apt. #, etc.					*****	38-2003011			Not Applicable	
22	n, etc		2	-	npι. π, σιο.					5. Certificate of Status Desired			Additional Regulred	
City & State	е		-	City &	State					8 Stantian Committee Standard	······································			
23			21	¬ ′						6. Election Campaign Financing Trust Fund Contribution			D May Be I to Fees	
Zip		Country		Zip		Co	untry	 -		8. This corporation has liability for				
24		25	2:	•		30	,] No	5. 199.032,	
	9, Name	and Address o			gent	11	T			10. Name and Address of New R				
KER	SEY, DAVID	M.					81	Na	me			····		
	LAKE STEL						-	01-		(D.O. D. M. J				
	URNDALE F						82	Stri	eet Aaare	ess (P.O. Box Number is Not Accepta	iDie)]	
							83							
							84	City	У		FL	85 Zip	Code	
11. Pursuant	to the provisi	ons of Sections	607.0502 and	607.1508	Florida Stat	utes, the a	bove	-nan	ned corpo	oration submits this statement for the	nurnose of	changing	its registered	
office or r	registered ag	ent, or both, in t th, and accept t	ne State of Fic	orida. Such	n change was	s authorize	ed by	the	corporation	on's board of directors. I hereby acce	pt the app	ointment a	s registered	
SIGNATURE		, com accorpi	in things it is	01, 000110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101100 010	nui-oc	•						
SIGNATURE	Stocature Typed	or printed name of rec	stered agent and	litle r applicab	le (NO	OTE: Registere	ed Age	nt sign	ature require	d when reinstating)	DATE			
12.		OFFIC	FRS AND DIF	ECTORS		13.				ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12	
Tille	PD				☐ DELETE	1.1 T	TLE					Change	Addition	
NAME	KERSEY,					1.2 N	IAME							
STREET ADDRESS		STELLA DR				1.3 \$	TREET	ADDRE	SS					
CITY -ST-7IP		DALE, FLORIDA	400000			14.0	ITY-S	f-ZIP						
†:fle	VST				DELETE	21 T	ITLE					☐ Change	Addition	
NAME	WRIGHT,					22 N	IAME		-					
STREET ADDRESS	110 FAIR					235	TREET	ADDRE	SS				I	
CHTY -ST - ZiP	AUBURNO	ALE, FLORIDA	A00000			2 4 1	CITY-S	T-ZIP					ŀ	
† TLE					DELETE	31 T	TLE					Change	Addition	
NAME						3.2 N	IAME							
STREET ADORESS						3.3 \$	TREET	addre	ss					
CITY-ST-ZIP						34.0	CITY - S	T-ZIP						
T.TLF					DELETE	4.1 T	ITLE					Change	Addition	
NAME							NAME							
STREET ADDRESS						4.3 \$	TREET	ADDRE	iss					
CITY-ST-ZIP						4.4 C	ITY - \$	T-ZIP						
TITLE					☐ DELETE	5.1 T	TLE					Change	Addition	
MAME						5.2 N	AME							
STREET ADDRESS						5.3 S	TREET	ADDRE	SS					
CIFY - ST - ZIP	L,						ITY - S	T-ZIP						
TITLE					DELETE	6.1 T	ITLE					Change	Addition	
NAME						6.2 N	AME							
STREET ADDRESS						6.3 S	TREET	ADDRE	ss					
CITY-ST-ZIP							1TY-\$1							
14. I do hereb	by certify that	the information	supplied with	this filing	does not qua	lify for the	exe	motic	on stated i	in Section 119.07(3)(i). Florida Statut	es I further	certify the	t 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.

941-967-1167