

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90091 003 ***150.00

DOCUMENT # 676521

1. Corporation Name

BUXTON FUNERAL HOME, INC.

Principal Place of Business

**110 NE 5TH ST.
OKEECHOBEE FL 34972**

Mailing Address

**110 NE 5TH ST.
OKEECHOBEE FL 34972**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1980

4. FEI Number

59-2010239

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 502 N. Parrott Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 502 N. Parrott Avenue
Suite, Apt. #, etc.

City & State

23 Okeechobee, Florida

City & State

28 Okeechobee, Florida

Zip Country

24 34972 25

Zip Country

29 34972 30

9. Name and Address of Current Registered Agent

**BUXTON, PAUL M.
110 N.E. 5TH STREET
OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
502 N. Parrott Avenue

83

84 City **Okeechobee,** **FL** 85 Zip Code **34972**

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: *Paul M. Buxton*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PTD**
BUXTON, PAUL M.
STREET ADDRESS **2517 SW 22ND CIRCLE**
CITY-STATE-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME **SVD**
BUXTON, MARILYN A.
STREET ADDRESS **2517 SW 22ND CIRCLE**
CITY-STATE-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

34974

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

34974

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE: *Paul M. Buxton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Buxton April 26, 1999 (941)763-1994

Date

Daytime Phone #

CR2E034 (1/98)

0517696