FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 004 ***900.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 691031

1. Corporation Name

TURNER FUNERAL HOMES, INC.

							1			fi Birdii Birdii 0 di
Principal Place	of Business	Mai	ling Address							
504 JEFFERSON	l ST	1201	S ORLANDO AVENUE				ļ			
			SUITE 365				DO NOT WRITE IN THIS STACE			
BROOKSVILLE FL 34605-8538			WINTER PARK FL 32789 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
		US					I	06/19/1981		
- Di- 1-1 D		1.0-	Mailing Address				_	FEI Number	$ \Box$	Applied For
	ace of Business	<u> </u>	Walling Address				4.	59-2109540		Not Applicable
21	# 010	26	Suite, Apt. #, etc.					Ja 2 1095 4 0		Additional
Suite, Apt.	#, etc.		Suite, Apr. #, etc.				5.	Certificate of Status Desired		Required
22		27	City & State				-	Election Compaign Financing		0 May Be
City & State	,	\vdash	Only a State				6.	Election Campaign Financing Trust Fund Contribution	•	d to Fees
23 Zip	Country	28	Zip	Count	~		-	This corporation owes the current year Int.		
	25	-	3	_	,		8.	Personal Property Tax.	∏ Yes	⊠ No
24	9. Name and Address of Curre	29 nt Regist		<u> </u>			10	Name and Address of New Registered	Agent	
	3. Italite and Address of Outre	nn nogiot		8	1 Na	me		CT CORPORATION SYS		_
KNO	PKE, KEENAN L			Ĺ_					J ,	
1201	S ORLANDO AVENUE			8	2 Str	eet Addres	SS	1200 PINE ISLAND ROA	νD	
	E 365			8	3		_			
	ER PARK FL 32789									No 10
	~ · · ·			8	4 Cit	у		PLANTATION, FL 33324		e
	10 10 007 00	00 1 60	7 1509 Florida Statutas	the che		nod corno		a submite this statement for the nursess of	changing	its registered
office or re	egistered agent, or both, in the State	Florida	a. Such change was aut	norized b	y the c	corporation	's bo	pard of directors. I hereby accept the appoin	ntment as	registered
agent. I ai	m familiar with, and accept the oblig	otions of,	Section 607.0505, Florid	a Statute	S. 	YI V		- 2h	laa	
SIGNATURE		am	V (SID	ant aigns	ture required v	<u> </u>	DATE DATE	171	
12	Signature, typed or printed ritime of registered at OFFIZERS A			13.	erk algrid	idia reganos i		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
12.	PAS	IND DITTE	DELETE	1.1 TITLE		TD			Chang	
NAME	KNOPKE, KEENAN L			1.2 NAME		HE	NIC	AN, JOSEPH P. III		
_	1201 S ORLANDO AVENUE #	¥365			ET ADDR	440) VE	ETERANS MEMORIAL BLVD		
STREET ADDRESS	WINTER PARK FL 32789			1.4 CITY-				IRIE, LA 70005		
CITY-ST-ZIP TITLE	DVPS		DELETE	2.1 TITLE		D			Chang	e Addition
i	HEFFRON, BRENT F			2.2 NAME)\ // E	E, WILLIAM E.		,,,
NAME	1201 S ORLANDO AVENUE S	HITE 369	;	2.3 STRE				ETERANS MEMORIAL BLVD		
STREET ADDRESS	WINTER PARK FL 32789	JOIL 30.	,	1				IRIE, LA 70005		
CITY-ST-ZIP			DELETE	2. 4 CITY 3.1 TITLE		AS	- 1/ \		Chang	e Addition
TITLE	S CHARLACTURE I		~ 5	3.2 NAME		1	ΔН	AN, LORALICE A.		•
NAME	OLVEY, CORINNE I 1201 S ORLANDO AVENUE,	CI IITE 20	5		ET ADDR			ETERANS MEMORIAL BLVD		
STREET ADDRESS	WINTER PARK FL 32789	SOHE 30	J		_			IRIE, LA 70005		
CITY-ST-ZIP	T THISTER FARA FL 34109		DELETE	3.4. CITY 4.1 TITLE				,	Chang	e Addition
TITLE	I MATACAWAGE EDANT I			4.1 IIILE			_	ASAVAGE, FRANK L.		
NAME	MATASAVAGE, FRANT L	CHITE OF	E.			4.0		S ORLANDO AVE #365		
STREET ADDRESS	1201 S ORLANDO AVENUE,	JUIL 30	J		ET ADDR			ER PARK, FL 32789		
CITY-ST-ZIP	WINTER PARK FL 32789		X DELETE	5.1 TITLE		AS		5.5. / M.M., 1 L 02/03	Chang	e Addition
TITLE	AS DATRON BONALD H		DULL 12	5.1 MAM		1		E, KENNETH C.	N Strains	,
NAME	PATRON, RONALD H	ı VID			ET ADDR	DU 11/	7 \/E	ETERANS MEMORIAL BLVD		
STREET ADDRESS	110 VETERANS MEMORIAL B	ILVU						IRIE, LA 70005		
CITY-ST-ZIP	METAIRIE LA 70005		Cleritte	5.4 CITY					Chang	ge Addition
TITLE	AS		☐ DELETE				/P/	AS DON BRENTE	Unang	le 🖂 voorgou
NAME	BUDDE, KENNETH C			6.2 NAME		HE	:FF1	RON, BRENT F. S ORLANDO AVE #365		
STREET APPRESS	! 110 VETERONS MEMORIAL F	(IVI)		■ b.3 STRE	ET ADDR	ແລະ 121	UT S	S UKLANDU AVE #JUJ		

CITY-ST-ZIP Pation 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 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 pration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ged, or on an attachment with an address, with all other like empowered. 14. I hereby certify that the info indicated on this annual res officer or director of the co Block 12 or Block 13 if ch

6.4 CITY-ST-ZIP

SIGNATURE:

METAIRIE LA 70005

Brent F. Heffron

April 14, 1999 (407) 740-7000

WINTER PARK, FL 32789