SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8: 11

DOCUMENT # 691311 (5)

1. Corporation Name

CLARY-GODWIN FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
501 W PARK AVENUE P.O. BOX 1268 DEFUNIAK SPRINGS FL 32433	501 W PARK AVENUE P.O. BOX 1268 DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 691 Tekulve Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Batesville, IN
Zip 24 / Country 25	Zip 29 47006 / Country 30 U.S.

3. Date Incorporated or Qualified: 07/01/1981
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2106185 — 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 [X] No

9. Name and Address of Current Registered Agent

CLARY, RANDOLPH E
501 W PARK AVENUE
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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: [signature] **PETER F. SOUZA ASSISTANT SECRETARY** 6/28/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: ~~DP~~ Name: ~~CLARY, RANDOLPH E~~ Street Address: ~~501 W PARK AVENUE~~ City-St-Zip: ~~DEFUNIAK SRPGS, FL 0~~	[X] Change [ ] Addition Title: President/Sole Director Name: Thomas H. Johnson Street Address: 691 Tekulve Road City-St-Zip: Batesville, IN 47006
Title: ~~SD~~ Name: ~~GODWIN, WILLIAM JERRY~~ Street Address: ~~601 WEST PARK AVENUE~~ City-St-Zip: ~~DEFUNIAK SRPGS, FL 0~~	[ ] Change [X] Addition Title: Vice President/Secretary/Treasurer Name: Bernhard L. Gaarsoe Street Address: 691 Tekulve Road City-St-Zip: Batesville, IN 47006
	[ ] Change [X] Addition Title: Vice President Name: William B. Cutter Street Address: 691 Tekulve Road City-St-Zip: Batesville, IN 47006
	[ ] Change [X] Addition Title: Vice President Name: Robert G. Horn Street Address: 691 Tekulve Road City-St-Zip: Batesville, IN 47006
	[ ] Change [X] Addition Title: Vice President Name: Steven A. Tidwell Street Address: 691 Tekulve Road City-St-Zip: Batesville, IN 47006
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 6/16/95 812/933-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bernhard L. Gaarsoe

CR2E034 (3/95)

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