SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **691311** **(5)**

1. Corporation Name
CLARY-GODWIN FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
501 W PARK AVENUE **P.O. BOX 1288** **DEFUNIAK SPRINGS FL 32433**	**691 TEKULVE ROAD** **P.O. BOX 1288** **BATESVILLE IN 47006** **US**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **07/01/1981**
3a. Date of Last Report: **07/03/1995**
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 ☒ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, typed or printed, of new registered agent, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHSON, THOMAS H.		1.2 NAME	
STREET ADDRESS	691 TEKULVE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE IN		1.4 CITY-ST-ZIP	
TITLE	VPST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GAARSOE, BERNHARD L.		2.2 NAME	
STREET ADDRESS	691 TEKULVE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE IN		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CUTTER, WILLIAM B.		3.2 NAME	
STREET ADDRESS	691 TEKULVE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE IN		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HORN, ROBERT G.		4.2 NAME	
STREET ADDRESS	691 TEKULVE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE IN		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TIDWELL, STEVEN A.		5.2 NAME	
STREET ADDRESS	691 TEKULVE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: [signature] Vice President 6-12-96 812/933-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)