

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 # 691311 (5)

1. Corporation Name

CLARY-GODWIN FUNERAL HOME, INC.

Principal Place of Business

601 W PARK AVENUE
P.O. BOX 1288
DEFUNAK SPRINGS FL 32433

Mailing Address

691 TEKULVE ROAD
P.O. BOX 1288
BATESVILLE IN 47006-8982
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/01/1981

3a. Date of Last Report

06/17/1996

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

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 name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JOHNSON, THOMAS H.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE IN ☒ DELETE

TITLE VPST
NAME GAARSOE, BERNHARD L.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE IN ☒ DELETE

TITLE VP
NAME CUTTER, WILLIAM B.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE IN ☒ DELETE

TITLE VP
NAME HORN, ROBERT G.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE IN ☒ DELETE

TITLE VP
NAME TIDWELL, STEVEN A.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME GARY WRIGHT
1.3 STREET ADDRESS 3940 OLYMPIC BLVD, SUITE 300
1.4 CITY-ST-ZIP ERLANGER, KY 41018 ☒ Change ☐ Addition

2.1 TITLE ST
2.2 NAME MYLES CAIRNS
2.3 STREET ADDRESS 3940 OLYMPIC BLVD, SUITE 300
2.4 CITY-ST-ZIP ERLANGER, KY 41018 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE

M. J. ...

(S) ...



FILED
May 20 1997 8:00am
Secretary of State

CR2E034 (9/96)

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