FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **693428** **(5)**

1. Corporation Name

BOYD'S FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
6400 HOLLYWOOD BLVD. HOLLYWOOD FL 33024	6400 HOLLYWOOD BLVD. HOLLYWOOD FL 33024

2. Principal Place of Business — 21 —
Suite, Apt. #, etc. — 22 —
City & State — 23 —
Zip — 24 — Country — 25 —

2a. Mailing Address — 26 —
Suite, Apt. #, etc. — 27 —
City & State — 28 —
Zip — 29 — Country — 30 —

3. Date Incorporated or Qualified: **07/01/1981**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2104632** ☐ 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

BOYD, KATHERINE E
6901 S.W. 14TH STREET
PEMBROKE PINES FL 33024

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 ____ (Note: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BOYD, PATRICK M	
STREET ADDRESS	20411 NW 4 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	
TITLE	VD	☐ DELETE
NAME	BOYD, LAURENCE P	
STREET ADDRESS	2001 NW 82 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TSD	☐ DELETE
NAME	BOYD, KATHERINE E	
STREET ADDRESS	6901 SW 14 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	☐ DELETE
NAME	BOYD, KATHERINE	
STREET ADDRESS	6901 S W 14TH ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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] 2-19-96 954-983-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patrick M. Boyd

CR2E034 (12/95)