

2/28/97 B-2475 - NC  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
6400 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33024

Mailing Address  
6400 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33024-7737



3. Date Incorporated or Qualified 07/01/1981  
3a. Date of Last Report 02/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2104632	Not Applicable
22 City & State	27 City & State	5. Certificate of Status*Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	BOYD, PATRICK M	1.2 NAME	
STREET ADDRESS	20411 NW 4 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Change Addition
NAME	BOYD, LAURENCE P	2.2 NAME	
STREET ADDRESS	2001 NW 82 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	Change Addition
NAME	BOYD, KATHERINE E	3.2 NAME	
STREET ADDRESS	6901 SW 14 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	Change Addition
NAME	BOYD, KATHERINE	4.2 NAME	
STREET ADDRESS	6901 S W 14TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: \_\_\_\_\_ Date: 2-25-97 Daytime Phone #: 954-983-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)