## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 698267** 

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Apr 20 1998 8:00am

Secretary of State

1. Corporation		(-)			ŧ
SECUR	RITY PLANS, INC.	•			
and the second second	to '			<u>                                      </u>	
Principal Plac		Mailing Address		a tennie mand think state train matt 1881 818	is midet minet Albis Affit Athil son;
7,7	S FUNERAL HOME	C/O ROBERTS FUNERAL I	HOME		
OCALA FL 34		606 SW 2 AVE OCALA FL 34474		DO NOT WRITE IN	THIS SPACE
US	717	US		3. Date Incorporated or Qualified	THO DI FICE
				08/10/1981	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 C/O R	OBERTS FUNERAL HOME	26 C/O ROBERTS	FUNERAL HON	Æ 59-2115913	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 P.O. 1	BOX 2073	27 P.O. BOX 207	3	5. Commodite of Grands Desired	Fee Required
_		City & State		6. Election Campaign Financing	\$5.00 May Be
	LLON, FL. 34430		L. 34430 Country	Trust Fund Contribution	Added to Fees
Zip 24 3443(		Zip 34430 :	30 US	B. This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible  Yes No
24 34430	9. Name and Address of Current		30 US	10. Name and Address of New Registe	<del></del>
pΛ	BERTS, TERRY S		81 Name	10 and stations of them stables	
	8 S.W. 2ND AVE		1 1	KENNETH E ROBERTS Address (P.O. Box Number is Not Acceptable)	
	ALA FL 34474		82 Street		
00	INER I E VITIT		63	<del>19939 EAST PENNSYLVANIA A</del>	WE-
			84 City	DIDDIES COL	FL 85 Zip Code 34432
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpo	ose of changing its registered
Office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au	Ahorized by the c≰rp	poration's poard of directors. I hereby accept the	e appointment as registered
•			$\nu$ $_{I}$	V. lung	
SIGNATURE	KENNETH E ROBER Signature, typed or printed name of registered agen	RTS PRESIDENT (NOT)	Angistered Agent agnature	required when reinstating) MARCH 25	<sub>Ате</sub> 1998
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP TENDY O	X DELETE	1.1 TITLE	PRESIDENT	Change Addition
NAME	ROBERTS, TERRY S	••	1.2 NAME	KENNETH E. ROBERTS	
STREET ADDRESS	450 SW 210 AVE		1.3 STREET ADDRESS	19939 E. PENNSYLVANIA AV	'F .
CITY-ST-ZIP	DUNNELLON, FL 00000		1.4 CITY-ST-ZIP	DUNNELLON, FLORIDA 3443	
TITLE	DV	☐ DELETE	2.1 TITLE	DONNELLON, FLORIDA 3443	Change   Addition
NAME	ROBERTS, KENNETH E		2.2 NAME		
STREET ADDRESS	606 S W 2ND AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000	[   0r: 537	2. 4 CITY-ST-ZIP		
TITLE	DOPEDTO COCAD C	XX DELETE	3.1 TITLE	VICE-PRESIDENT	Change Addition
NAME	ROBERTS, EDGAR S		3.2 NAME	PATRICIA C. ROBERTS	•
STREET ADDRESS	608 SW 2 AVE		3.3 STREET ADDRESS	19939 E. PENNSYLVANIA AV	Έ.
CITY-ST-ZIP	OCALA, FL 00000	DEFEE	3.4. CITY-ST-ZIP	DUNNELLON, FLORIDA 3443	2
TITLE		L DELETE	4.1 TITLE	• • • • • • • • • • • • • • • • • • • •	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELĒTE	4.4 CITY - ST - ZIP		☐ Change 🙀 Addition
TITLE			5.1 TITLE	SEC., TREASURE	☐ Change 🙀 Addition
NAME			5.2 NAME	KEVIN K. ROBERTS	_
STREET ADDRESS			5.3 STREET ADDRESS	19939 E. PENNSYLVANIA AV	_
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP	DUNNELLON, FLORIDA 3443	2 Change Addition
TITLE		בין טבנבוב	6.1 TITLE		En ensuins En vordicioù
NAME ATREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	patify that the information arrested with	th this filing does not guntle for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes, I furth	or certify that the information
indicated	on this annual report or supplemental	l annual report is true and accu	rate and that my sig	nature shall have the same legal effect as if made	de under oath; that I am an
officer or a	director of the corporation or the rece or Block 13 if changed, or on an attac	iver or trustee empowered to ex	kecute this report as	required by Chapter 607, Florida Statutes; and	that my name appears in
DIOGN 12 (				2.6-1 20	- 110 11 -
CIGNAT	HDE. A.	To Kule		3-25.98 35	L-487-2429