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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730242

1. Corporation Name
FUNERAL AND MEMORIAL SOCIETY OF LEON COUNTY, INC

Principal Place of Business 1006 BUENA VISTA DR. TALLAHASSEE FL 32304	Mailing Address 1006 BUENA VISTA DR. TALLAHASSEE FL 32304
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/19/1974	4. FEI Number 59-2355002	Applied For Not Applicable
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9. Name and Address of Current Registered Agent SWAIN, CHARLES W. 1006 BUENA VISTA DRIVE TALLAHASSEE FL 32304	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 VPD	ALLEN, RODNEY F. 1105 LASSWADE DRIVE TALLAHASSEE FL	1.1 TITLE PD	Allen, Rodney F. 1105 Lasswade Drive Tallahassee FL 32312-2843
TITLE SD	SWAIN, CHARLES W. 1006 BUENA VISTA DR. TALLAHASSEE, FL 00000	2.1 TITLE	
TITLE D	PHIFER, GREGG 1584 MARION AVE. TALLAHASSEE, FL 00000	3.1 TITLE	
TITLE D	CLAY, LOUISE 3007 ECHO POINT LN TALLAHASSEE FL 32310	4.1 TITLE	
TITLE D	LUEBKEMANN, HEINZ 3004 BROOKMONT DR TALLAHASSEE FL 32312	5.1 TITLE	
TITLE PD	WILLIAMS, POLLY S 2715 BLAIR STONE LN TALLAHASSEE FL	6.1 TITLE VPD	Murphy, John J. S. 410 Victory Garden Drive, # 127 Tallahassee FL 32301-3248

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 19 March 1999 (850) 224-2082
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)