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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montoya Secretary of State Office of the Secretary of State
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DOCUMENT # 742339 (5)

1. Corporation Name
PALM BEACH COUNTY FUNERAL DIRECTORS ASSOCIATION, INC.

Principal Place of Business 3041 KIRK RD. LAKE WORTH FL 33461 US	Mailing Address 3041 KIRK RD LAKE WORTH FL 33461 US
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/11/1978	3a. Date of Last Report 04/25/1994
4. FEI Number NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HARRIS, GEORGE E.
707 COMEAU BUILDING
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

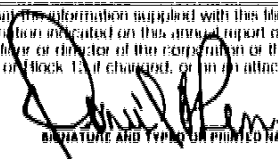
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL 85 Zip Code	

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 title of agent) (Name, typed or printed name of registered agent and title of agent) (Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☒ Change ☐ Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY, ST, ZIP	STREET ADDRESS	1.3 STREET ADDRESS	
	CITY, ST, ZIP	1.4 CITY, ST, ZIP	
TITLE	NAME	2.1 TITLE	☒ Change ☐ Addition
STREET ADDRESS	NAME	2.2 NAME	
CITY, ST, ZIP	STREET ADDRESS	2.3 STREET ADDRESS	
	CITY, ST, ZIP	2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	☒ Change ☐ Addition
STREET ADDRESS	NAME	3.2 NAME	
CITY, ST, ZIP	STREET ADDRESS	3.3 STREET ADDRESS	
	CITY, ST, ZIP	3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	4.2 NAME	
CITY, ST, ZIP	STREET ADDRESS	4.3 STREET ADDRESS	
	CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	5.2 NAME	
CITY, ST, ZIP	STREET ADDRESS	5.3 STREET ADDRESS	
	CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	6.2 NAME	
CITY, ST, ZIP	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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:  **DANIEL R. PERRIN** **05-03-95 407 964 3772**

(Name, typed or printed name of signing officer or director) (Date)