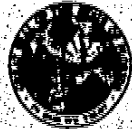


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:15**DOCUMENT # F08289****(3)**

1. Corporation Name

CAESAR'S FUNERAL HOME, INC.

Principal Place of Business

**726 E. DR. L. KING, DR.
PO BOX 85
LAKE CITY FL 32056-7085**

Mailing Address

**PO BOX 85
726 E DR M L KING
LAKE CITY FL 32055
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/01/1980

3a. Date of Last Report

05/20/1994

4. FEI Number

59-1944839

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**CAESAR, ALYCE J
726 E. DR M.L.K. JR DR
LAKE CITY FL 32055**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

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 if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GALLOWAY, RENTZ T
STREET ADDRESS	RT 1 BOX 448
CITY- ST- ZIP	LAKE CITY FL
TITLE	S
NAME	JONES, ELLA MAE
STREET ADDRESS	2316 LAKE DR
CITY- ST- ZIP	LAKE CITY FL
TITLE	T
NAME	CATER, BILLIE
STREET ADDRESS	RT 8 BOX 472
CITY- ST- ZIP	LAKE CITY FL
TITLE	P
NAME	CEASAR, ALYCE J
STREET ADDRESS	726 E. DR. M.L. KING JR. DR
CITY- ST- ZIP	LAKE CITY FL
TITLE	SV
NAME	ANDERS, RICHARD
STREET ADDRESS	1072 W JEFFERSON ST
CITY- ST- ZIP	LAKE CITY FL
TITLE	V
NAME	ANDERS, RICHARD H
STREET ADDRESS	1072 W. JEFFERSON ST
CITY- ST- ZIP	LAKE CITY FL

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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95 (904) 752-5413