FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
726 E. DR. L. KING. DR. PO BOX 85 LAKE CITY FL 32056-7085	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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-1944839 ☐ 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

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE		☐ Change ☐ Addition
NAME	GALLOWAY, RENTZ T	1.2 NAME		
STREET ADDRESS	RT 1 BOX 448	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ELLA MAE	2.2 NAME		
STREET ADDRESS	2316 LAKE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	CATER, BILLIE	3.2 NAME		
STREET ADDRESS	RT 8 BOX 472	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	CEASAR, ALYCE J	4.2 NAME		
STREET ADDRESS	726 E. DR. M.L. KING JR. DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP		
TITLE	SV	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERS, RICHARD	5.2 NAME		
STREET ADDRESS	1072 W JEFFERSON ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERS, RICHARD H	6.2 NAME		
STREET ADDRESS	1072 W. JEFFERSON ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	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)(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: Alyce J. Caesar 4/10/95 (904) 752-5413
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALYCE J. CAESAR

0401260 FP