FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: **12/01/1980**

3a. Date of Last Report: **04/14/1995**

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 607.1502, 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 (Required) (If changing Registered Agent, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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 2/8/96 904 752-5413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)