

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 24 1997 8:00am
Secretary of State

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 32056-0085
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/01/1980

02/13/1996

4. FEI Number

Applied For

Not Applicable

59-1944839

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 change is shown on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alyce J. Caesar

Jan 14, 1997

Date

Daytime Phone #

904 752 5413

CR2E034 (9/96)