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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1980

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature, if not a professional, is required and must be applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GALLOWAY, RENTZ T
STREET ADDRESS RT 1 BOX 448
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE

NAME JONES, ELLA MAE
STREET ADDRESS 2316 LAKE DR
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE

NAME CATER, BILLIE
STREET ADDRESS RT 8 BOX 472
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE

NAME CEASAR, ALYCE J
STREET ADDRESS 726 E. DR. M.L. KING JR. DR
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE

NAME ANDERS, RICHARD
STREET ADDRESS 1072 W JEFFERSON ST
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE

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 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 changed, or on an attachment with an address.

SIGNATURE

Signature of Registered Agent

Signature of Officer/Director

CR2E034 (10/97)