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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

DOC!	MENT # <b>F139</b> ;	33 (0)						
1. Corporation	n Name	(-)						
HEND	BERT THOMPSON FUNERA	AL HOME, INC.			i I ibëridë ijri njete jilik ibrob	NURR HIN SHR	IL <b>e</b> yəhi biğir bil	ÎN AHAN ENEM HAN
Principal Place	e of Business							
DAYTONA E	901 DR. MARY MCLEOD BETHUNE BLVD. DAYTONA BEACH FL 32114  Mailing Address  901 DR. MARY MCLEOD DAYTONA BEACH FL 32114  Mailing Address  901 DR. MARY MCLEOD DAYTONA BEACH FL 32114							
US		US			3. Date incorporated or Qualified 01/07/1981	3a. D	ate of Last F	
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
t]		26			59-2051077	· · · · · · · · · · · · · · · · · · ·	[]	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X		5 Additional
Σ City & State	9	Crty & State			6 Floring Compaign Figure			Required
3	,	28			6. Election Campaign Financing Trust Fund Contribution			May Be
$z_{\rm p}$	Country	Zip	Coun	try	8. This corporation has liability to	r intangible		
4]	25	29	30			s DNo	THA GIRGOI G	100.002,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registere	d Agent	
			{	81 Name				
	PSON, HERBERT W	••=	1	B2 Street Ad	dress (P.O. Box Number is Not Accepta	able)	·	
	R. MARY MCLEOD BETHUNE BU	LVD.		83				
DATIO	NA BEACH FL 32114			83				
			1	34 City			. 85 Zi	p Code
1 Pursiant t	to the provisions of Sections 607.050	19 and 607 1508 Florida State	doc the show	1 222 20 202		F	L 1 ' 1	•
Or registers	ed agent, or both, in the State of Flor	rida. Such change was author	ized by the co	rporation's bo	oration submits this statement for the property of directors. I hereby accept the appared of directors.	urpose or c pointment	changing its r as registered	registereα οπισε Lagent. Lam
racional wit SIGNATURE	л, апо весерт тве общатють от, осс	ction 607.0505, Fiorida Statute	98.					-
DOMESTICITE _	Styliature, typed or pricted name of registered age	nt and title it applicable (N				DATE		
12.	OFFICERS AN	ND DIRECTORS			wed when reinstating)  ADDITIONS/CHANGES TO OF	DATE		
2. PLF	OFFICERS AN	·	NOTE Registered A	gent signature requi	wed when reinstating)	DATE		
2. PLE AME	OFFICERS AN SD -THOMPSON, OLGA	ND DIRECTORS DELETE	NOTE Registered A	gort signature requi	wed when reinstating)	DATE	ND DIRECTO	DRS IN 12
2. PLE AME FREE LADURESS	OFFICERS AN SD -THOMPSON, OLGA 901 DR. MARY MCLEOD BI	ND DIRECTORS DELETE	NOTE Registered A. 13. 1 1 TITU 1.2 NAM	gort signature requi	wed when reinstating)	DATE	ND DIRECTO	DRS IN 12
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4. To 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)(k), Florida Statutes. I further certify triat 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 outly, 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 or an attachment with an address.

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNA'S OFFICER OR DIRECTO

2/26/96

(904) 253-1651