

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 11 1995

DOCUMENT # **F56570** (7)

1. Corporation Name  
**STRONG & JONES FUNERAL HOME, INC.**

Principal Place of Business Mailing Address  
**551 WEST CAROLINA STREET TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/01/1981** 3a. Date of Last Report **08/18/1994**  
4. FEI Number **59-2150488** 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. Does corporation have liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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  
**CONNER, JR J C  
325 JOHN KNOX RD  
STE 130C  
TALLAHASSEE FL 32303**

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 agent 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 (hand or printed name) of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reconstituted)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>LAWRENCE, DARRELL L.</b>
STREET ADDRESS	<b>5371 GROVE VALLEY RD.</b>
CITY ST ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>CD</b>
NAME	<b>GRIFFIN, LINN ANN J.</b>
STREET ADDRESS	<b>527 W TUSKEGEE ST.</b>
CITY ST ZIP	<b>TALLAHASSEE, FL 00000</b>
TITLE	<b>A</b>
NAME	<b>JONES, INEZ S.</b>
STREET ADDRESS	<b>527 W TUSKEGEE ST.</b>
CITY ST ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>ST</b>
NAME	<b>LAWRENCE, BETTY S.</b>
STREET ADDRESS	<b>2018 BROAD ST</b>
CITY ST ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>V</b>
NAME	<b>LAWRENCE, JAMES C.</b>
STREET ADDRESS	<b>2018 BROAD ST.</b>
CITY ST ZIP	<b>TALLAHASSEE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 attached sheet with an address.

SIGNATURE: Darrell L. Lawrence May 30, 1995 224-2139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter/Section #