

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F56570 (7)

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



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

3. Date Incorporated or Qualified: 12/01/1981
3a. Date of Last Report: 06/01/1995
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAWRENCE, DARRELL L.	
STREET ADDRESS	5371 GROVE VALLEY RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, LINN ANN J.	
STREET ADDRESS	527 W TUSKEGEE ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	A	<input type="checkbox"/> DELETE
NAME	JONES, INEZ S.	
STREET ADDRESS	527 W TUSKEGEE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LAWRENCE, BETTY S.	
STREET ADDRESS	2018 BROAD ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAWRENCE, JAMES C.	
STREET ADDRESS	2018 BROAD ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Darrell L. Lawrence* June 6, 1994 224-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)