2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# F56570

Entity Name: STRONG & JONES FUNERAL HOME, INC.

Current Principal Place of Business:

551 WEST CAROLINA STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

551 WEST CAROLINA STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-2150488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOWERS, FRED H
1500 MAHAN DRIVE
STE 230
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAWRENCE, DARRELL L.
Address: 5371 GROVE VALLEY RD.
City-St-Zip: TALLAHASSEE, FL

Title: CD ( ) Delete
Name: GRIFFIN, LINN ANN J.
Address: 527 W TUSKEGEE ST.
City-St-Zip: TALLAHASSEE, FL 00000,

Title: ST ( ) Delete
Name: LAWRENCE, BETTY S.
Address: 2018 BROAD ST
City-St-Zip: TALLAHASSEE, FL

Title: V ( ) Delete
Name: LAWRENCE, JAMES C.
Address: 2018 BROAD ST.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAWRENCE, DARRELL L
Address: 6385 BELGRAND DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: CD (X) Change ( ) Addition
Name: GRIFFIN, LINN ANN J
Address: 527 W TUSKEGEE ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST (X) Change ( ) Addition
Name: LAWRENCE, BETTY S
Address: 2018 BROAD ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: V (X) Change ( ) Addition
Name: LAWRENCE, JAMES C
Address: 2018 BROAD ST.
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL L LAWRENCE PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date