

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91309 012 \*\*\*150.00

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**DOCUMENT # F56570**

1. Entity 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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

4. FEI Number **59-2150488** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name **Flowers, Fred H**  
Street Address (P.O. Box Numbers Not Acceptable)  
**1500 Mahan Drive Suite 230**  
City **Tallahassee** FL Zip Code **32308**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Fred H. Flowers* DATE **April 24, 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>LAWRENCE, DARRELL L.</b>	
STREET ADDRESS	<b>5371 GROVE VALLEY RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, LINN ANN J.</b>	
STREET ADDRESS	<b>527 W TUSKEGEE ST.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 00000</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>LAWRENCE, BETTY S.</b>	
STREET ADDRESS	<b>2018 BROAD ST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>LAWRENCE, JAMES C.</b>	
STREET ADDRESS	<b>2018 BROAD ST.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **April 23, 2003** (850) 224-2139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)