

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
95 MAR 24 PM 1:26**

DOCUMENT # F69824 (3)

1. Corporation Name

SEMORAN FUNERAL HOME, INC.

Principal Place of Business

**1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789**

Mailing Address

**1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/05/1982

3a. Date of Last Report

06/03/1994

4. FEI Number

59-2174496

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

2a. Mailing Address

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

10. Name and Address of New Registered Agent

**BALDWIN, RICHARD O. JR.
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK 32789**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VS
NAME	OLVEY, CORINNE I
STREET ADDRESS	1201 S ORLANDO AVE, #365
CITY-ST-ZIP	WINTER PARK FL
TITLE	DC
NAME	STEWART, FRANK B., JR.
STREET ADDRESS	110 VETERANS BLVD.
CITY-ST-ZIP	METairie LA
TITLE	P
NAME	KNOPKE, RAYMOND C JR
STREET ADDRESS	301 N IVANHOE
CITY-ST-ZIP	ORLANDO FL
TITLE	V
NAME	MATASAVAGE, FRANK L
STREET ADDRESS	2400 HARRELL ROAD
CITY-ST-ZIP	ORLANDO, FL 0
TITLE	V
NAME	RHODUS, JANICE
STREET ADDRESS	2300 TEMPLE DR
CITY-ST-ZIP	WINTER PARK FL
TITLE	AS
NAME	BUDDE, KENNETH C
STREET ADDRESS	110 VETERAN WAY
CITY-ST-ZIP	METairie, LA 00000

1.1 TITLE	V/D	☐ Change ☒ Addition
1.2 NAME	William E. Rowe	
1.3 STREET ADDRESS	110 Veterans Blvd.	
1.4 CITY-ST-ZIP	Metairie, LA	
2.1 TITLE	V/D	☐ Change ☒ Addition
2.2 NAME	Richard O. Baldwin, Jr.	
2.3 STREET ADDRESS	1201 S. Orlando Ave., Ste 365	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	James A. Hora	
3.3 STREET ADDRESS	2400 Harrell Road	
3.4 CITY-ST-ZIP	Orlando, FL 32817	
4.1 TITLE	V/T	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AS	☐ Change ☒ Addition
5.2 NAME	Ronald H. Patron	
5.3 STREET ADDRESS	110 Veterans Blvd.	
5.4 CITY-ST-ZIP	Metairie, LA	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(d), Florida Statutes. I further certify that the information included 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 attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORINNE I. OLVEY

Date

Daytime Phone #

2/16/95 407-740-7000