

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F69824

(3)

1. Corporation Name

SEMORAN FUNERAL HOME, INC.



Principal Place of Business

Mailing Address

1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1982

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 owes or has paid the current year Intangible
Personal Property Tax due June 30



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOPKE, KEENAN L
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 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 CEO, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

S
NAME OLVEY, CORINNE I
STREET ADDRESS 1201 S ORLANDO AVE, #365
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

PAS
NAME KNOPKE, KEENAN L
STREET ADDRESS 1201 S ORLANDO AVE #365
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

VPSD
NAME HEFFRON, BRENT F
STREET ADDRESS 1201 S ORLANDO AVE #365
CITY-ST-ZIP WINTER PRK FL

TITLE ☐ DELETE

D
NAME ROWE, WILLIAM E
STREET ADDRESS 110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP METAIRIE LA

TITLE ☒ DELETE

VP
NAME PANTER, MARK A
STREET ADDRESS 4207 E. LAKE AVE
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ DELETE

AS
NAME BUDDE, KENNETH C
STREET ADDRESS 110 VETERAN WAY
CITY-ST-ZIP METAIRIE, LA 00000

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T

Frank L. Matasavage
1201 S. Orlando Ave., Ste. 365
Winter Park, FL 32789

D

Joseph P. Henican, III.
110 Veterans Memorial Blvd.
Metairie, LA 70005

AS

Ronald H. Patron
110 Veterans Memorial Blvd.
Metairie, LA 70005

14. 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 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 in an attachment with an address.

Corinne I. Olvey

4-22-98

407/740-7000

CR2E034 (10/97)