

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # F87760**

**(7)**

1. Corporation Name

**QUATTLEBAUM FUNERAL HOME, INC.**

Principal Place of Business

**1201 S OLIVE AVE  
W PALM BCH FL 33401**

Mailing Address

**1201 S OLIVE AVE  
W PALM BCH FL 33401**

**FILED**

**95 FEB 17 PM**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**06/22/1982**

3a. Date of Last Report  
**01/20/1994**

4. FEI Number  
**NOT APPLICABLE**

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.

23. City & State

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

**QUATTLEBAUM, EARL G  
1201 S OLIVE AVE  
W PALM BCH, FL  
33401**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
QUATTLEBAUM, GARY E  
1201 S OLIVE AVE  
W PALM BCH, FL 00000**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SCHIFFMAN, GALE O  
1201 S OLIVE AVE  
W PALM BCH, FL 00000**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
QUATTLEBAUM, G E  
1201 S OLIVE AVE  
W PALM BCH, FL 00000**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
QUATTLEBAUM, GREGORY M  
1201 SOUTH OLIVE AVE  
WEST PALM BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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)(b), 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 on an attachment with an address.

**SIGNATURE:**

**G. Earl Quattlebaum**

**February 12, 1995 (407-832-5171)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name