FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 06/22/1982
3a. Date of Last Report: 02/17/1995
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.
22 |
City & State
23 |
Zip 24 | Country 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip 29 | Country 30 |

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: Gary E. Quattlebaum
82 Street Address (P.O. Box Number is Not Acceptable): 1201 South Olive Avenue
83
84 City: West Palm Beach FL 85 Zip Code: 33401

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] Gary E. Quattlebaum January 17, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☐ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	QUATTLEBAUM, GARY E	1.2 NAME	Quattlebaum, Gary E.
STREET ADDRESS	1201 S OLIVE AVE	1.3 STREET ADDRESS	1201 South Olive Avenue
CITY-ST-ZIP	W PALM BCH, FL 00000	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	T ☐ DELETE	2.1 TITLE	TREASURER ☒ Change ☐ Addition
NAME	SCHIFFMAN, GALE Q	2.2 NAME	SCHIFFMAN, GALE Q.
STREET ADDRESS	1201 S OLIVE AVE	2.3 STREET ADDRESS	1201 South Olive Avenue
CITY-ST-ZIP	W PALM BHC, FL 00000	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	P XX DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	QUATTLEBAUM, G E	3.2 NAME	
STREET ADDRESS	1201 S OLIVE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	Vice-President/Secretary XX Change XX Addition
NAME	QUATTLEBAUM, GREGORY M	4.2 NAME	Quattlebaum, Gregory M.
STREET ADDRESS	1201 SOUTH OLIVE AVE	4.3 STREET ADDRESS	1201 South Olive Avenue
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: [signature] January 17,1996 (407)-832-5171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)