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FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F90526

(7)

1. Corporation Name

CARPENTER CASKET COMPANY, INC.



Principal Place of Business

Mailing Address

2315 HUBBARD ST.  
JACKSONVILLE FL 32206

2315 HUBBARD ST.  
JACKSONVILLE FL 32206-2908

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

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/13/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2350974

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

10. Name and Address of New Registered Agent

DUSZLAK, JOSEPH F  
348 E ADAMS ST.  
JACKSONVILLE FL 32202

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 PT  
NAME CARPENTER, JAMES D SR  
STREET ADDRESS 10453 MONCRIEF DINSMORE  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

TITLE S  
NAME JACKSON, EDITH  
STREET ADDRESS 10453 MONCRIEF DINSMORE  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE V  
NAME CARPENTER, JAMES D. JR.  
STREET ADDRESS 6983 PITTS ROAD  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT  
1.2 NAME CARPENTER, JAMES D. JR ☒ Change ☐ Addition  
1.3 STREET ADDRESS 6983 PITTS ROAD  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32219 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE V  
3.2 NAME CARPENTER, JAMES D. SR ☒ Change ☐ Addition  
3.3 STREET ADDRESS 10453 MONCRIEF DINSMORE  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32219 ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 on an attachment with an address.

SIGNATURE: James D Carpenter Jr

Apr 17-97 9AM 754-4056

CR2E034 (9/96)