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Apr 30 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 # F94000004937 (8)

1. Corporation Name

ECI CEMETERY SERVICES OF FLORIDA, INC.



Principal Place of Business

415 S. FIRST STREET - SUITE 210
LUFKIN TX 75901-3800

Mailing Address

PO BOX 220
LUFKIN TX 75902-0220

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P O DRAWER 100

Suite, Apt. #, etc.

27 City & State

28 LUFKIN TX

Zip

29 75902-0100

Country

30

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

02/12/1996

4. FEI Number

58-2084554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 DVT
NAME HUNTER, JAMES P III
STREET ADDRESS 415 SOUTH FIRST, SUITE 210
CITY-ST-ZIP LUFKIN TX

☐ DELETE

TITLE P
NAME LOFTIS, ROBERT W
STREET ADDRESS 306 CORDER ROAD
CITY-ST-ZIP WARNER ROBINS GA 31095-8787

☒ DELETE

TITLE S
NAME HIZA, CYNTHIA K.
STREET ADDRESS 306 CORDER ROAD
CITY-ST-ZIP WARNER ROBINS GA

☐ 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 D/C
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP LUFKIN TX 75901

☒ Change

☐ Addition

2.1 TITLE P
2.2 NAME WILLIAM C. McNAMARA
2.3 STREET ADDRESS 415 SOUTH FIRST, SUITE 210
2.4 CITY-ST-ZIP LUFKIN TX 75901

☐ Change

☒ Addition

3.1 TITLE S/V
3.2 NAME
3.3 STREET ADDRESS 415 SOUTH FIRST, SUITE 210
3.4 CITY-ST-ZIP LUFKIN TX 75901

☒ Change

☐ Addition

4.1 TITLE V
4.2 NAME W CARDON GERNER
4.3 STREET ADDRESS 415 SOUTH FIRST, SUITE 210
4.4 CITY-ST-ZIP LUFKIN TX 75901

☐ Change

☒ Addition

5.1 TITLE V
5.2 NAME P. MARK MORRIS
5.3 STREET ADDRESS 415 SOUTH FIRST, SUITE 210
5.4 CITY-ST-ZIP LUFKIN TX 75901

☐ Change

☒ Addition

6.1 TITLE V
6.2 NAME JACK D. ROTTMAN
6.3 STREET ADDRESS 415 SOUTH FIRST, SUITE 210
6.4 CITY-ST-ZIP LUFKIN TX 75901

☐ 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: [Signature] 4/25/97 (407) 631-8284

CR2E034 (9/96)

Attachment to 1997 Florida Annual Report

ECI Cemetery Services of Florida, Inc.

FEIN: 58-2084554

12.	13. Additions/Changes to Officers and Directors in 12:
7.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
7.2 NAME	HERB CARROLL
7.3 STREET ADDRESS	415 SOUTH FIRST, SUITE 210
7.4 CITY-ST-ZIP	LUFKIN, TX 75901
8.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
8.2 NAME	BRENT PACE
8.3 STREET ADDRESS	415 SOUTH FIRST, SUITE 210
8.4 CITY-ST-ZIP	LUFKIN, TX 75901