

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 # G06387 (6)
1. Corporation Name
ANDERSON FUNERAL HOME OF LEHIGH ACRES, INC.



Principal Place of Business Mailing Address
2701 LEE BLVD **2701 LEE BLVD**
LEHIGH ACRES FL 33971 **LEHIGH ACRES FL 33971**

3. Date Incorporated or Qualified **10/28/1982** 3a. Date of Last Report **03/21/1995**

2. Principal Place of Business 21 2701 Lee Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 2701 Lee Blvd. Suite, Apt. #, etc.	4. FEI Number 59-2295945	Applied For Not Applicable
22 City & State 23 Lehigh Acres, Florida Zip Country 24 33971 Lee	27 City & State 28 Lehigh Acres, Florida Zip Country 29 33971 Lee	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent ANDERSON, RONALD R 2701 LEE BLVD. LEHIGH ACRES FL 33971		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHENY, CHARLES R	12 NAME	
STREET ADDRESS	18413 ORANGECREST COURT	13 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES, FL 00000	14 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RONALD R	22 NAME	
STREET ADDRESS	3654 PALM BCH BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	24 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, LEE B.	32 NAME	
STREET ADDRESS	2703 LEE BLVD.	33 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald R. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 15, 1996 (941) 368-7080
Date Daytime Phone #

CR2E034 (12/95)