FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **G06994** **(9)**

1. Corporation Name
CURRY & SON FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
SUITE 365. 1201 ORLANDO AVE WINTER PARK FL 32789	SUITE 365. 1201 ORLANDO AVE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1982

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2232961 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNOPKE, KEENAN L
1201 S ORLANDO AVE, SUITE 365
WINTER PARK FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE	PAS	☐ DELETE	1.1 TITLE	AS	☐ Change ☑ Addition
NAME	KNOPKE, KEENAN L		1.2 NAME	Kenneth C. Budde	
STREET ADDRESS	1201 S ORLANDO AVE #365		1.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	WINTER PRK FL		1.4 CITY-ST-ZIP	Metairie, LA 70005	
TITLE	VPSD	☐ DELETE	2.1 TITLE	AS	☐ Change ☑ Addition
NAME	HEFFRON, JOSEPH F		2.2 NAME	Ronald H. Patron	
STREET ADDRESS	1201 S ORLANDO AVE #365		2.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Metairie, LA 70005	
TITLE	D	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	CURRY, JR., MARK		3.2 NAME	Corinne Olvey	
STREET ADDRESS	4207 E. LAKE AVE		3.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP	TAMPA FL 33610		3.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, WILLIAM E		4.2 NAME		
STREET ADDRESS	110 VETERANS MEMORIAL BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA		4.4 CITY-ST-ZIP		
TITLE	VS	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OLVEY, CORRINE I		5.2 NAME		
STREET ADDRESS	1201 S ORLAND AVE #365		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HENICAN, JOSEPH P III		6.2 NAME		
STREET ADDRESS	110 VETERANS MEMORIAL BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE VA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: _____ Corinne I. Olvey 4-22-98