

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

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G13435** (4)
1. Corporation Name
BRUCE OCALA FUNERAL HOME, INC.

Principal Place of Business % ROGER W. BRUCE 2739 SE MARICAMP RD OCALA FL 32671	Mailing Address % ROGER W. BRUCE 2739 SE MARICAMP RD OCALA FL 34471-5537
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1982		3a. Date of Last Report 02/19/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2256460		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. Country	29. Country	30. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BRUCE, ROGER W. 2739 SE MARICAMP RD OCALA FL 32671				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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	
12. OFFICERS AND DIRECTORS					
TITLE	DST	<input type="checkbox"/> DELETE			
NAME	GULLETTE, GAIL				
STREET ADDRESS	939 GROVESMERE LOOP				
CITY-ST-ZIP	OCOCHEE FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BRUCE, ROGER W				
STREET ADDRESS	2739 SE MARICAMP RD				
CITY-ST-ZIP	OCALA, FL 00000				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	Michelle K. Bruce				
STREET ADDRESS	2739 SE Maricamp Road				
CITY-ST-ZIP	Ocala, FL 34471				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Gullette, Gail				
1.3 STREET ADDRESS	939 Grovesmere Loop				
1.4 CITY-ST-ZIP	Ocoee, FL				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Michelle K. Bruce				
3.3 STREET ADDRESS	2739 SE Maricamp Road				
3.4 CITY-ST-ZIP	Ocala, FL 34471				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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:  **4/8/97** (352)732-9944
Date Daytime Phone #

CR2E034 (9/96)