


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90293 012 \*\*\*900.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G13435**

1. Corporation Name

**BRUCE OCALA FUNERAL HOME, INC.**

Principal Place of Business

Mailing Address

% ROGER W. BRUCE  
2739 SE MARICAMP RD  
OCALA FL 32671

1201 S ORLANDO AVE  
SUITE 365  
WINTER PARK FL 32789  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/10/1982**

4. FEI Number

**59-2256460**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM**

82 Street Address

**1200 PINE ISLAND ROAD**

83

84 City

**PLANTATION, FL 33324**

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	PAS	<input type="checkbox"/> DELETE
NAME	KNOPKE, KEENAN L	
STREET ADDRESS	1201 S ORLANDO AVE, SUITE 365	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S ORLANDO AVE, SUITE 365	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L	
STREET ADDRESS	1201 S ORLANDO AVE, SUITE 365	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HEFFRON, BRENT F	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, WILLIAM E	
STREET ADDRESS	110 VETERANS MEM BLVD	
CITY-ST-ZIP	METARIE LA 70005	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HENICAN, JOSEPH P I	
STREET ADDRESS	110 VETERANS MEM BLVD	
CITY-ST-ZIP	METARIE LA 70005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUDDE, KENNETH C.	
1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
1.4 CITY-ST-ZIP	METARIE, LA 70005	

2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRAHAN, LORALICE A.	
2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
2.4 CITY-ST-ZIP	METARIE, LA 70005	

3.1 TITLE	DVP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEFFRON, BRENT F.	
3.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	

4.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MATASAVAGE, FRANK L.	
4.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Brent F. Heffron

April 14, 1999  
(407) 740-7000

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