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

PROFIT
CORPORATION
ANNUAL REPORT
**1997**

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

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # **G48638** **(2)**

1. Corporation Name
**FRASER FUNERAL HOME, INC.**

Principal Place of Business
% JOAN H. FRASER
8168 NORMANDY BLVD.
JACKSONVILLE FL 32221

Mailing Address
% JOAN H. FRASER
691 TEKULVE RD
BATESVILLE IN 47006-8982
US

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: 07/14/1983
3a. Date of Last Report: 06/17/1996
4. FEI Number: 59-2304730 [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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 607.0505 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 (Type or print name of agent. For corporate agent, also provide title of signatory) (NOTE: Personal Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PSD | [X] DELETE |
| NAME | JOHNSON, THOMAS H | |
| STREET ADDRESS | 691 TEKULVE RD | |
| CITY-ST-ZIP | BATESVILLE IN | |
| TITLE | VPST | [X] DELETE |
| NAME | GAARSOE, BERNHARD L | |
| STREET ADDRESS | 691 TEKULVE RD | |
| CITY-ST-ZIP | BATESVILLE IN | |
| TITLE | VP | [X] DELETE |
| NAME | HORN, ROBERT G | |
| STREET ADDRESS | 691 TEKULVE RD | |
| CITY-ST-ZIP | BATESVILLE IN | |
| TITLE | VP | [X] DELETE |
| NAME | CUTTER, WILLIAM B | |
| STREET ADDRESS | 691 TEKULVE RD | |
| CITY-ST-ZIP | BATESVILLE IN | |
| TITLE | VP | [X] DELETE |
| NAME | TIDWELL, STEVEN A | |
| STREET ADDRESS | 691 TEKULVE RD | |
| CITY-ST-ZIP | BATESVILLE IN | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | PD | [X] Change [ ] Addition |
| 12 NAME | GARY WRIGHT | |
| 13 STREET ADDRESS | 3940 OLYMPIC BLVD, SUITE 300 | |
| 14 CITY-ST-ZIP | ERLANGER, KY 41018 | |
| 21 TITLE | ST | [X] Change [ ] Addition |
| 22 NAME | MYLES CAIRNS | |
| 23 STREET ADDRESS | 3940 OLYMPIC BLVD, SUITE 300 | |
| 24 CITY-ST-ZIP | ERLANGER, KY 41018 | |
| 31 TITLE | | [ ] Change [ ] Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | [ ] Change [ ] Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | [ ] Change [ ] Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | [ ] Change [ ] Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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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: MYLES CAIRNS (606)741-1861