

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G89188** (8)

1. Corporation Name

THE ELLENTON FUNERAL HOME, INC.



Principal Place of Business

Mailing Address

% **WILLIAM H. GARLAND**
537 10TH ST., WEST
BRADENTON FL 34205-7719

% **WILLIAM H. GARLAND**
537 10TH ST., WEST
BRADENTON FL 34205-7719

3. Date Incorporated or Qualified

03/07/1984

3a. Date of Last Report

02/17/1995

4. FEI Number

59-2387939

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

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

10. Name and Address of New Registered Agent

GARLAND, WILLIAM H.
537 10TH ST., WEST
BRADENTON FL 33505

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 by printer of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BROWN, CHARLES M. | |
| STREET ADDRESS | 5624 26TH ST. WEST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | TOALE, DAVID V. | |
| STREET ADDRESS | 40 N. ORANGE AVE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TOALE, CURTIS | |
| STREET ADDRESS | 40 N. ORANGE AVENUE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TOALE, ROBERT V. | |
| STREET ADDRESS | 40 N. ORANGE AVE. | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | PROBST, JEFFREY L. | |
| STREET ADDRESS | 3411 U.S. HWY 301 | |
| CITY-ST-ZIP | ELLENTON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-96 **941-955-4171**

CR2E034 (3/96)