FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H35512** **(3)**

1. Corporation Name

SOUTHEASTERN FUNERAL DIRECTORS SERVICE, INC.

Principal Place of Business

4161 CARMICHAEL
156
JACKSONVILL FL 32207
US

Mailing Address

BOX 19244
SPRINGFIELD IL 62794
US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/21/1984	**01/19/1995**

4. FEI Number: **59-2471119** ☐ 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

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RODENBURG, JOHN R
4161 CARMICHAEL
SUITE 156
JACKSONVILLE FL 32207

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: John R Rodenburg 1/15/96
(Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME: DAVIS, LARRY		2 NAME	
STREET ADDRESS: 4161 CARMICHAEL		3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL		4 CITY-ST-ZIP	
TITLE: TDP	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME: RODENBURG, JOHN		2 NAME	
STREET ADDRESS: 4161 CARMICHAEL		2 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL		2 CITY-ST-ZIP	
TITLE: DS	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME: RODENBURG, KENNETH		3 NAME	
STREET ADDRESS: 4161 CARMICHAEL		3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL		3 CITY-ST-ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete and accurate. I further certify 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 added to the current with my address.

SIGNATURE: John R Rodenburg JOHN RODENBURG 1/16/96 217-525-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)