

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90088 036 \*\*\*150.00

0551212

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H35512**

1. Corporation Name

**SOUTHEASTERN FUNERAL DIRECTORS SERVICE, INC.**



Principal Place of Business

**4161 CARMICHAEL  
156  
JACKSONVILLE FL 32207  
US**

Mailing Address

**BOX 19244  
SPRINGFIELD IL 62794  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/21/1984**

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 103 Century 21 Dr**

Suite, Apt. #, etc.

**22 220**

City & State

Zip Country

**24 32216 25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City & State

Zip Country

**28 30**

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)

**103 Century 21 Dr Ste 220**

84 City

**FL**

85 Zip Code

**32216**

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 **V** ☐ DELETE

NAME **DAVIS, LARRY**  
STREET ADDRESS **4161 CARMICHAEL**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TDP** ☐ DELETE

NAME **RODENBURG, JOHN**  
STREET ADDRESS **4161 CARMICHAEL**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS** ☐ DELETE

NAME **RODENBURG, KENNETH**  
STREET ADDRESS **4161 CARMICHAEL**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**103 Century 21 Dr Ste 220**

1.4 CITY-ST-ZIP

**Jacksonville FL 32216**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

**103 Century 21 Dr Ste 220**

2.4 CITY-ST-ZIP

**Jacksonville FL 32216**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

**103 Century 21 Dr Ste 220**

3.4 CITY-ST-ZIP

**Jacksonville, FL 32216**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**John Rodenburg** **John Rodenburg** **1/4/99** **217-525-1712**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)