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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

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

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Corporation Name	1 1000 12

SOUTHEASTERN FUNERAL DIRECTORS SERVICE, INC.

Principal Place	e of Business	Mailing Address				31 <b>0106</b> 311 <b>0</b> 3 011 <b>0</b> 1 61101 3	1010 (171 <b>4</b> 701) DJI	HI WINH THU	
4161 CARMICHA	AEL.	BOX 19244			j				
156 SPRINGFIELD IL 62794					DO NOT WRITE IN THIS SPACE				
JACKSONVILL FL 32207 US US			3. Date Inco	3. Date Incorporated or Qualifed					
03					12/21/1	•	•		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Numb				Applied For
	Century 21 DR	26			59-2471			$\vdash$	lot Applicable
Suite, Apt.		Suite, Apt. #, etc.							Additional
22 2.2 0 27					5. Certificate	of Status Desired		Fee F	Required
City & State City & State				6. Election C	ampaign Financing		\$5.00	May Be	
23		28			Trust Fund	d Contribution		Addec	to Fees
Zip	Country	Zip	Country			ration owes the cur	-		<b></b>
24 322		29 3	0			Property Tax.		Yes	ØN₀
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Name and	d Address of New	Registered A	gent	
BUU.	ENBURG, JOHN R			Name					
	CARMICHAEL		82		Address (P.O. Box Nu	imber is Not Accept	able)		
	E 156		83	le	<u>3 Century</u>	-albe	2 ts	550	
	KSONVILLE FL 32207		[63]						
0,101	NOOTHILLE ! E OZEO!		84	City		<del>-</del>			Code
44 5		22 1 COZ 4 CO2 CIid- CA-14-	1 1			is statement for the	FL		2216
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was auti	horized by	the corpo	pration's board of dire	ctors. I hereby acce	ept the appoin	tment as r	egistered
agent. ( a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes						
SIGNATURE									
SIGNATURE	Classic band or study no of special and one	st and bills if applicable (MOTE) D	naiotorna Anon	t rionatura r	orwind when rejectation)		DATE		
<u></u>	Signature, typed or printed name of registered age			nt signature r	equired when reinstating)	S/CHANGES TO OF	DATE FICERS AN	DIRECT	ORS IN 12
12.		nt and title if applicable. (NOTE: RIND DIRECTORS	13,	nt signature r		S/CHANGES TO OF		D DIRECT	
12. TITLE	OFFICERS AN	ND DIRECTORS	13,	nt signature r		S/CHANGES TO OF			
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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