

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H65879 (9)

1. Corporation Name

BEACH FUNERAL HOME, INC.

Principal Place of Business

**% PATRICIA YODER
1018 BARTON BLVD WEST
ROCKLEDGE FL 32955**

Mailing Address

**% PATRICIA YODER
1018 BARTON BLVD WEST
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1985

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2683772

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**YODER, PATRICIA J
1018 BARTON BLVD WEST
ROCKLEDGE FL 32955**

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

Signature, typed or printed name of registered agent and date of acceptance

(NOTE: Registered Agent certificate required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	FLECKINGER, LAWRENCE
STREET ADDRESS	5092 DALHURST
CITY- ST- ZIP	COCOA FL
TITLE	PD
NAME	YODER, PATRICIA J.
STREET ADDRESS	1018 BARTON BLVD., W.
CITY- ST- ZIP	ROCKLEDGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.O. Box 148 NW	☐ Change ☐ Addition
1.2 NAME	Christmas, FL 32709	32709
1.3 STREET ADDRESS	1580 Cupid Ave. - Christmas, FL	
1.4 CITY- ST- ZIP		
2.1 TITLE	Same	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.10 (7)(9)(b), 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 this 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:

Patricia J. Yoder
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
Patricia J. Yoder PD

4-18-95

407-631-1680