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

APPROVED AND FILED

95 MAR 23 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J65460 (4)

1. Corporation Name

FUNERAL SERVICES ACQUISITION GROUP, INC.

Principal Place of Business	Mailing Address
[illegible] 3100 CAPITAL CIRCLE NE TALLAHASSEE FL 32308 US	[illegible] 3100 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32309 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1987
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

City & State (23)
City & State (28)

Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2803276 ☐ 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

9. Name and Address of Current Registered Agent

RUDOLPH, JOHN A. JR.
211 E. CALL STREET
TALLAHASSEE FL 32302

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DRAKE, FRED O., JR.	1.2 NAME	W. Fred Lindsey	
STREET ADDRESS	3100 CAPITAL CIRCLE NE	1.3 STREET ADDRESS	3100 Capital Circle, N.E.	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	AS	2.1 TITLE		☐ Change ☐ Addition
NAME	CONLEY, DEIDRE	2.2 NAME		
STREET ADDRESS	3100 CAPITAL CIRCLE NE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	VTDS	3.1 TITLE		☒ Change ☐ Addition
NAME	HARRIS, JANE	3.2 NAME		
STREET ADDRESS	3100 CAPITAL CIRCLE NE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☒ Change ☐ Addition
NAME	SIMMONS, ELIZABETH	4.2 NAME	Delete	
STREET ADDRESS	3100 CAPITAL CIRCLE NE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	VPAS	5.1 TITLE	President	☒ Change ☐ Addition
NAME	MATHEWES, J.C. OGIER	5.2 NAME		
STREET ADDRESS	3100 CAPITAL CIRCLE, NE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	AS	6.1 TITLE	C/D	☒ Change ☐ Addition
NAME	MCLAURIN, DAVID J.	6.2 NAME		
STREET ADDRESS	3100 CAPITAL CIRCLE,NE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	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)(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.

SIGNATURE: J. C. Ogier Mathewes - President 3-9-95 904-385-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027430 CP