

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L61882 (1)**

1. Corporation Name  
**JOSEPHINE'S MEMORIAL PROPERTIES, INC.**



Principal Place of Business Mailing Address  
**% ELSIE R. GUNN  
6111 RUSSELL ST.  
TAMPA FL 33611**

3. Date Incorporated or Qualified <b>03/27/1990</b>	3a. Date of Last Report <b>04/20/1995</b>
4. FET Number <b>59-3005224</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUNN, ELSIE R  
6111 RUSSELL ST.  
TAMPA FL 33611**

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 \_\_\_\_\_ (PRINT: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>EHRICH, MARTHA C.</b>	
STREET ADDRESS	<b>2916 PRICE AVE.</b>	
CITY, ST, ZIP	<b>TAMPA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FLOWERS, ARMAND H.</b>	
STREET ADDRESS	<b>5008 OAKLAWN LANE N</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ROLLINS, WINNIE L.</b>	
STREET ADDRESS	<b>4423 W. ROGERS AVE.</b>	
CITY, ST, ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GUNN, ELSIE R.</b>	
STREET ADDRESS	<b>611 RUSSELL ST.</b>	
CITY, ST, ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: *Elsie R. Gunn* (Elsie R. Gunn) 19 Feb 96 (813) 828-3436  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Executive Phone #

CR2E034 (12/95)