

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: % ELSIE R. GUNN, 6111 RUSSELL ST., TAMPA FL 33611
Mailing Address: % ELSIE R. GUNN, 6111 RUSSELL ST., TAMPA FL 33611

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for address details.

3. Date Incorporated or Qualified: 03/27/1990
3a. Date of Last Report: 04/20/1995
4. FET Number: 59-3005224
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 [X]

9. Name and Address of Current Registered Agent: GUNN, ELSIE R, 6111 RUSSELL ST., TAMPA FL 33611
10. Name and Address of New Registered Agent (81-84) fields for name, address, city, and 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 (85) and DATE (86) fields.

12. OFFICERS AND DIRECTORS (87-91) table with columns for title, name, street address, city-st-zip, and delete checkbox.

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 (92-96) table with columns for title, name, street address, city-st-zip, and change/addition checkboxes.

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

CR2E034 (12/95)