

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

3. Date Incorporated or Qualified: **03/27/1990**
3a. Date of Last Report: **04/20/1995**
4. FET Number: **59-3005224**
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; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

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
85 Zip Code: **FL**

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: _____
(PRINT: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

S DELETE
TITLE: _____
NAME: **EHRICH, MARTHA C.**
STREET ADDRESS: **2916 PRICE AVE.**
CITY, ST, ZIP: **TAMPA FL**

P DELETE
TITLE: _____
NAME: **FLOWERS, ARMAND H.**
STREET ADDRESS: **5008 OAKLAWN LANE N**
CITY, ST, ZIP: **ST. PETERSBURG FL**

VP DELETE
TITLE: _____
NAME: **ROLLINS, WINNIE L.**
STREET ADDRESS: **4423 W. ROGERS AVE.**
CITY, ST, ZIP: **TAMPA FL**

T DELETE
TITLE: _____
NAME: **GUNN, ELSIE R.**
STREET ADDRESS: **611 RUSSELL ST.**
CITY, ST, ZIP: **TAMPA FL**

DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE 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 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
DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)