FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M65301

DORSEY FUNERAL HOME, INC.

8838

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90051 050 ***150.00



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Principal Place of Business Mailing Address						108/18812 118 0118/ 01/188 11/17 018/07 178/	11841 B1814 B1811 B\$814 B	
			WENTE					
3525 S CONGRESS AVE 1929 ALLEN PARKW. LAKE WORTH FL 33461 9TH FLOOR DEPT 25			RAFIAOF			DO MOTINGITE WA	TUR ODAGE	
US		HOUSTON TX 77019				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 01/21/1988		
3 D= :==1 DI	ace of Business	2a. Mailing Address				4. FEI Number	— I An	plied For
	ace of Business	26			-	59-2869529	<u> </u>	t Applicable
Suite, Apt. 1	# etc.	Suite, Apt. #, etc.				<u> </u>	\$8.75 A	
22	,,	27				5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			-	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year		F76.
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		31 Name		10. Name and Address of New Registe	rea Agent	
THE PRENTICE HALL CORP. SYSTEM, INC.				Name				
1201 HAYS STREET, SUITE 105				32 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			<u> </u>	33				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			[·				
•			[-	34 City			FL 85 Zip C	Code
44 0	to the continuous Sections 607.050	22 and 607 1509 Florida State	itos the ah	hamen-ave	cornor	ation submits this statement for the purpos	se of changing its	registered
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 agei	nt and title if applicable (NOT	F: Registered A	gent signature re	equired w	when reinstating) DA1	E	Ì
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	P	X DELETE	1.1 TITL	E	P		Change	☐ Addition
NAME	FRANK BANGO		1.2 NAN	Æ	702	EPH A. BRANDENBI 29 ALLEN PARKWAY	J.P.Gi	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOO	DR	1.3 STR	EET ADDRESS	192	M ALLED PAREWAY		
CITY-ST-ZIP	HOUSTON TX 77019		1.4 C/T	-ST-ZIP	HD	USTON TX 77019		
TITLE	VP	☐ DELETE	2.1 TITL	Ε			Change	☐ Addition
NAME	KENNETH W. CONKLIN		2.2 NAM	Ė	 			
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOO	DR	2.3 STF	EET ADDRESS				
CITY-ST-ZIP_	MIAMI FL 33166		_	Y-ST-ZIP			Change	Addition
TITLE	VP	☐ DELETE	3.1 TITL	-			☐ Criange	
NAME	TIMOTHY J. CLAIBORNE	^=	3.2 NAN		1			
STREET ADORESS	1929 ALLEN PKWY., 9TH FLOO	JH		EET ADDRESS				
C/TY-ST-ZIP	HOUSTON TX 77019	DELETE	_	Y-ST-ZIP	T-70.	0511050	Change	Addition
TITLE	STD COFF IOAN B	Process	4.1 T/TL			ASUPER IN H. LOHMANJR.		
NAME	GOFF, JOAN B		4, 2 NA	1		LA ALLEN PARKWAY		(
STREET ADDRESS	1929 ALLEN PARKWAY			-ST-ZIP		USTON TX 77019		
CITY-ST-ZIP TITLE	HOUSTON TX 77019	DELETE	5.1 TITL		' '		☐ Change	Addition
NAME	SUZANNE, DINEFF		5.2 NAM					ł
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOO	∩R		EET ADDRESS	1			}
1	HOUSTON TX 77019	J11	- 1	r-ST-ZIP				
CITY-ST-ZIP	D	☐ DELETE	6 1 TITL		<u> </u>		Change	☐ Addition
NAME	LISA M. NEWBURN		6.2 NAM	1E				
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOO	OR	6.3 STR	EET ADDRESS	1			
CITY-ST-ZIP	HOUSTON TX 77019	-11	6.4 CIT	r-ST-ZIP				

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

JOHN HLOHMANTE