

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

FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000007116 1. Corporation Name LONG FUNERAL SERVICE, INC			
Principal Place of Business 145 S. HIGHWAY 17-92 DEBARY, FL 32713		Mailing Address SAME	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 1993		3a. Date of Last Report 1996	
4. FEI Number 59-3165883		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WILLIAM T. LONG 145 S. HIGHWAY 17-92 DEBARY, FL 32713		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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT/SEC/TREAS WILLIAM T. LONG 145 S. HWY 17-92 DEBARY FL 32713		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP Change Addition	
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14. I do 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.