

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000024175 (0)

1. Corporation Name

ROBERTS BROTHERS FUNERAL HOME, INC.



Principal Place of Business

~~1635 END ST.~~ 3433 E. Forest
SARASOTA FL ~~94209~~ Lakes Dr.
US 34232

Mailing Address

~~2044 CONSTITUTION BLVD~~
SARASOTA FL ~~34231~~
US 34232

2. Principal Place of Business

21 3433 E. FOREST LAKES DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 3433 E. FOREST LAKES DR.
Suite, Apt. #, etc.

22 City & State

23 SARASOTA, FL

27 City & State

28 SARASOTA, FL

24 Zip

34232

25 Country

SARASOTA

29 Zip

34232

30 Country

SARASOTA

9. Name and Address of Current Registered Agent

ROSS, PETER

~~2044 CONSTITUTION BLVD~~
SARASOTA FL ~~34231~~

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

12/15/1995

4. FEI Number

65-0414514

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3433 E. Forest Lakes Dr.

83

84 City

FL

85 Zip Code

34232

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 corporation.

NOTE: Registered Agent's signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LINDENAU, DONNA
STREET ADDRESS ~~2044 CONSTITUTION BLVD~~
CITY- ST- ZIP SARASOTA FL 34231

TITLE SD ☐ DELETE

NAME ROSS, PETER
STREET ADDRESS 3433 E. FOREST LAKES DR.
CITY- ST- ZIP SARASOTA FL 34232

TITLE D ☐ DELETE

NAME HEGNER, MARGARET
STREET ADDRESS 3435 FOX RUN RD. #245
CITY- ST- ZIP SARASOTA FL 34231

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2309 Outer Dr.

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS

4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS

5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS

6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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***2025.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Lindenau Pres. 8/1/96 (941) 922-2851

CR2E034 (12/95)