FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 9: 05

DOCUMENT # P94000000649 (1)

1. Corporation Name

HIERS MEMORIAL CHAPEL, INC.

Principal Place of Business
910 SOUTHEAST SILVER SPRINGS BLVD
OCALA FL 34470

Mailing Address
910 SOUTHEAST SILVER SPRINGS BLVD
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 7651 S.W. Highway 200
22 Suite, Apt. #, etc.: Suite 401
23 City & State: Ocala, FL
24 Zip: 34476
25 Country: Marion

2a. Mailing Address
26 P.O. Box 770386
27 Suite, Apt. #, etc.:
28 City & State: Ocala, FL
29 Zip: 34477-0386
30 Country: Marion

4. FEI Number: 59-3220497 [ ] 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. 199.103(?) Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

HIERS, JOHN M
910 SOUTHEAST SILVER SPRINGS BLVD.
OCALA FL 34470

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIERS, JOHN M
STREET ADDRESS	910 SE SILVER SPRGS. BLVD.
CITY-ST-ZIP	OCALA FL 34470
TITLE	D
NAME	BAXLEY, DENNIS K
STREET ADDRESS	910 SE SILVER SPRGS. BLVD.
CITY-ST-ZIP	OCALA FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		[ ] Change [ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		[ ] Change [ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		[ ] Change [ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		[ ] Change [ ] Addition

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)(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.

SIGNATURE: Dennis K Baxley V.P. 1/10/95 904-245-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0350488 CP