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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000036719

SAN JOSE FUNERAL HOMES, INC.

Principal Place of Business

Mailing Address

SEO EXCT ATH AVE

DO DEALUED FOR

## **FILED** Jun 01 1998 8:00am Secretary of State

409-631-8734



	7 DI 32010	LUFKIN TX 75902-0100				
HIALEA	AH, FL 33010					
<b>;</b>				3. Date Incorporated or Qualified	3a. Date of Last Report	
				5-16-94	<u> </u>	
<b>_</b>	and of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0490993	Not Applicable	
Suite, Apt.	W, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zin	Country	Zip	Country	8. This corporation has liability for		
24	25	29 3	0	Florida Statutes  10. Name and Address of New Re	Yes No	
	9. Name and Address of Curren	I Hegistered Agent	81 Name	10. Nama and Address of New Ne	gistered Agent	
JOSE I	1. GARCIA		Manie			
7445 N W 8 STREET				et Address (P.O. Box Number Is Not Acceptable)		
MIANT DI 22126						
HIANI	ED 22150		83	300002543		
I			84 City	-06/02/980101		
			"   "   "	~~~~100 00 00 00 00 00 00 00 00 00 00 00 00	FLY	
11. Pursuani t	o the provisions of Sections 607,050	and 607.1508, Florida Statutes	, the above-named	corporation submits this statement for the population's board of directors. I hereby accept	urpose of changing its registered	
office or re	egistered agent, or both, in the State in familiar with land accept the obligation	of Florida, Such change was aut itions of, Section 607,0505, Florid	thorized by the corp da Statules.	poration's board of directors, I hereby acces	it the appointment as registered	
	in ignition with and accept the estings					
SIGNATURE	Signature Types or printed name of registered agor	H and title if applicable [NOTE: F	Registered Agent signature	required whan reinstating)	DATE	
12,	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE		☐ DELETE	1.1 TITLE	P	Change (X) Addition	
NAME			1 2 NAME	JAMES P. HUNTER, III		
STREET ADDRESS			I 1 STREET ADORESS	415 S FIRST STREET SUI	re 210	
CITY+ST+ZIP			1 4 CITY - ST - ZIP	LUFKIN TX 75901		
TITLE		☐ DELETE	2.1 TITLE	VP ASST S	Change X Addition	
NAME			22 NAME	w cardon gerner		
			2.1 STREET ADDRESS	415 S FIRST STREET SUI	TE 210	
STREET ADDRESS	•		2.4 CITY - ST-ZIP	LUFKIN TX 75901		
CITY-ST-ZIP TITLE	**	☐ OELETE	3.1 TIFLE	v	Change Addition	
			3.2 NAME	BILLY C WELLS		
NAME					TE 210	
STREET ADORESS			3.3 STREET ADDRESS	415 S FIRST STREET SUI	IE ZIU	
CITY - ST - ZIP		DELETE	3.4. CITY - ST - ZIP	LUFKIN TX 75901 VST	Change X Addition	
TITLE		im nereic	4.1 TITLE	SUSANNE C PARKER		
NAME			4. 2 NAME	415 S FIRST STREET SUI	TE 210	
STREET ADDRESS	•		4.3 STREET ADDRESS	1	IE ZIU	
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - ZIP	LUFKIIN TX 75901	Change X Addition	
NTLE		☐ DELETE	5.1 TITLE	V DDDUT DAGE	Fin change Fin veducon	
NAME			5.2 NAME	BRENT PACE	mm 040	
STREET ADDRESS	•		5.3 STREET ADDRESS	415 S FIRST STREET SUI	LE 210	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	LUFKIN TX 75901	Change & Addition	
TITLE		☐ DELETE	6.1 TITLE	V	Change Addition	
MAME			6.2 NAME	TAYLOR GREENE	₩.\\	
STREET ADDRESS			63 STREET AODRESS	415 S FIRST STREET SUI	re 210 <b>JU</b>	
AITH 57 310			6 4 CITY - ST - 7:P	LUFKIN TX 75901		
14. I do hereby	certify that the information supplied	with this filling does not qualify f	or the exemption s	tated in Section 119.07(3)(i), Florida Statute	s. 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 oil 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. 4/30/98

DDENT DACE