

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Jun 19 1996 8:00 am  
Secretary of State

DOCUMENT # P94000041345 (7)

1. Corporation Name

MARIANNA CHAPEL FUNERAL HOME, INC.

Principal Place of Business

Mailing Address

HIGHWAY 90 WEST  
MARIANNA FL 32446

~~2180 MILL RD~~  
~~COTTONDALE FL 32421~~  
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 3960 LAFAYETTE ST.

22 City & State

27 Suite, Apt #, etc  
28 MARIANNA, Florida

23 Zip Country

29 32446 30 JACKSON

9. Name and Address of Current Registered Agent

SLONE, HARRY  
2180 MILL ROAD  
COTTONDALE FL 32421

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

03/02/1995

4. FEI Number

59-3247383

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. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name ROY ANDERSON  
82 Street Address, P.O. Box Number is Not Acceptable  
3393 CAVERNS Rd.

83

84 City MARIANNA

FL

85 Zip Code 32446

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

Roy Anderson

6-14-96

Signature of Registered Agent and the filer (if filer is not the Registered Agent) (If filer is not the Registered Agent, signature required when registering.)

Date

12. OFFICERS AND DIRECTORS

TITLE STD  
NAME ANDERSON, ROY  
STREET ADDRESS P.O. BOX 372 N/A  
CITY - ST - ZIP ALFORD FL 32420

TITLE ~~P~~  
NAME ~~SLONE, HARRY~~  
STREET ADDRESS ~~2180 MILL RD~~  
CITY - ST - ZIP ~~MARIANNA FL~~

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 IN 12

1.1 TITLE P/O President - Chairman  
1.2 NAME Anderson, Roy  
1.3 STREET ADDRESS 3393 CAVERNS Rd.  
1.4 CITY - ST - ZIP MARIANNA, FL. 32446

2.1 TITLE S/T.  
2.2 NAME Se. Secretary - Treasurer  
2.3 STREET ADDRESS CATHY ANDERSON  
2.4 CITY - ST - ZIP 3393 CAVERNS Rd.  
MARIANNA, FL. 32446

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roy Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-96 904-526-5059

Date

Daytime Phone #

CR2E034 (3/96)