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

NEW PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 DEC 26 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041345

1. Corporation Name
Marianna Chapel Funeral Home, Inc.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified	3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 3960 LaFayette Street	26 3960 LaFayette Street	59-324-1383	Applied For / Not Applicable
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Marianna, FL	28 City & State: Marianna, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32446 / 25 Country: USA	29 Zip: 32446 / 30 Country: USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C.T. Corporation 1200 South Pine Island Rd. Plantation, FL 33324	81 Name: C.T. Corporation 82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd 83 84 City: Plantation FL 85 Zip Code: 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Roy Anderson 3393 Caverns Road Marianna, FL 32446 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D Phillip R. McElhaney 3665 Wheeler Road Augusta, GA 30909 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V Johnny Markham 3960 LaFayette Street Marianna, FL 32446 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cathy Anderson 3393 Caverns Road Marianna, FL 32446 ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S J. Gary Curry 3665 Wheeler Road Augusta, GA 30909 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Clarence A. Blalock III 3665 Wheeler Road Augusta, GA 30909 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T Richard A. Derbawka 225 Beacon Knoll Drive Alpharetta, GA 30022 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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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.

SIGNATURE: _____ Phillip R. McElhaney 12/8/97 706-860-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #