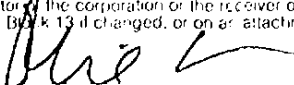


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

AMENDED

NEW PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000041345 1. Corporation Name Marianna Chapel Funeral Home, Inc.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 3960 LaFayette Street		2a. Mailing Address 3960 LaFayette Street		3. Date Incorporated or Qualified 3a. Date of Last Report	
21. Suite, Apt. #, etc. 		26. Suite, Apt. #, etc. 		4. FEI Number 59-3241383	
22. City & State Marianna, FL		27. City & State Marianna, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip 32446		28. Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Zip 32446		25. Country USA		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent C.T. Corporation 1200 South Pine Island Rd. Plantation, FL 33324			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P ☒ DELETE NAME Roy Anderson STREET ADDRESS 3393 Caverns Road CITY-ST-ZIP Marianna, FL 32446			11. TITLE P/D ☒ Change ☐ Addition 12. NAME Phillip R. McElhaney 13. STREET ADDRESS 3665 Wheeler Road 14. CITY-ST-ZIP Augusta, GA 30909		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 			21. TITLE V ☐ Change ☒ Addition 22. NAME Johnny Markham 23. STREET ADDRESS 3960 LaFayette Street 24. CITY-ST-ZIP Marianna, FL 32446		
TITLE S ☒ DELETE NAME Cathy Anderson STREET ADDRESS 3393 Caverns Road CITY-ST-ZIP Marianna, FL 32446			31. TITLE S ☒ Change ☐ Addition 32. NAME J. Gary Curry 33. STREET ADDRESS 3665 Wheeler Road 34. CITY-ST-ZIP Augusta, GA 30909		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 			41. TITLE D ☐ Change ☒ Addition 42. NAME Clarence A. Blalock III 43. STREET ADDRESS 3665 Wheeler Road 44. CITY-ST-ZIP Augusta, GA 30909		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 			51. TITLE T ☒ Change ☐ Addition 52. NAME Richard A. Derbawka 53. STREET ADDRESS 225 Beacon Knoll Drive 54. CITY-ST-ZIP Alpharetta, GA 30022		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 			61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP 		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Phillip R. McElhaney		
			12/8/97		706-860-7102

CR2E034 (9/96)