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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000041345 (7)

1. Corporation Name

MARIANNA CHAPEL FUNERAL HOME, INC.



Principal Place of Business

3685 WHEELER ROAD
SUITE 2A
AUGUSTA GA 30909

Mailing Address

3685 WHEELER ROAD
SUITE 2A
AUGUSTA GA 30909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3960 LAFAYETTE STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 14367

Suite, Apt. #, etc.

City & State

23 MARIANNA, FL

Zip

24 32446

Country

25 USA

City & State

28 AUGUSTA, GA

Zip

29 30919-0367

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, ROY
STREET ADDRESS 3393 CAVERNS RD
CITY-ST-ZIP MARIANNA FL 32446 ☒ DELETE

TITLE S
NAME ANDERSON, CATHY
STREET ADDRESS 3393 CAVERNS RD
CITY-ST-ZIP MARIANNA FL 32446 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/C
1.2 NAME PHIL MCELHANEY
1.3 STREET ADDRESS 3665 WHEELER ROAD, STE 2A
1.4 CITY-ST-ZIP AUGUSTA, GA 30909 ☐ Change ☒ Addition

2.1 TITLE V
2.2 NAME JOHNNY MARKHAM
2.3 STREET ADDRESS 1100 BRADLEY CIRCLE
2.4 CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ Change ☒ Addition

3.1 TITLE S
3.2 NAME J. GARY CURRY
3.3 STREET ADDRESS 3665 WHEELER ROAD, STE 2A
3.4 CITY-ST-ZIP AUGUSTA, GA 30909 ☐ Change ☒ Addition

4.1 TITLE T/D
4.2 NAME RICHARD DERBAWKA
4.3 STREET ADDRESS 3665 WHEELER ROAD, STE 2A
4.4 CITY-ST-ZIP AUGUSTA, GA 30909 ☐ Change ☐ Addition

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 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:

Phil McElhaneey 4/6/98 706-840-7102

CR2E034 (10/97)