

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000079066 (4)

1. Corporation Name

~~ECHOLS EMBALMING SERVICE, INC.~~

ECHOLS MORTUARY SERVICES, INC.

NC 4/17/96



Principal Place of Business

2095 SUNSET POINT ROAD #1802
CLEARWATER FL 34625

Mailing Address

2095 SUNSET POINT ROAD #1802
CLEARWATER FL 34625

3. Date Incorporated or Qualified
10/25/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3276149

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ECHOLS, WINSTON J
2095 SUNSET POINT ROAD #1802
CLEARWATER FL 34625

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 officer or director if not applicable)

(Typed Registered Agent's signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME ECHOLS, WINSTON J
STREET ADDRESS 2095 SUNSET POINT ROAD #1802
CITY-ST-ZIP CLEARWATER FL 34625

TITLE ☐ DELETE

S/T
NAME BELL, KIM
STREET ADDRESS 2095 SUNSET POINT ROAD #1802
CITY-ST-ZIP CLEARWATER FL 34625

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY-ST-ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY-ST-ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY-ST-ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 CITY-ST-ZIP

200001797952

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***200.00

100001797951

-04/29/96--01029--000

***200.00

4/27/96 ES

SIGNATURE:

Winston J. Echols

4-15-96 (813) 449-9299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)