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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

1996

DIVISION OF CORPORATIONS

P94000079066 (4) **DOCUMENT #**

CHTY - ST - ZIF

STREET ADDRESS

TITLE

NAME

ECHOLS EMBALMING SERVICE, INC.

Ne 4/17/96

ECHOLS MORTUARY SERVICES, INC. Mailing Address Principal Place of Business 2095 SUNSET POINT ROAD #1802 2095 SUNSET POINT ROAD #1802 CLEARWATER FL 34625 **CLEARWATER FL 34625** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 10/25/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3276149 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Zio Country Country Zip Yes Mo Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) **ECHOLS, WINSTON J** 82 2095 SUNSET POINT ROAD #1802 83 **CLEARWATER FL 34625** Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this stallment 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE THOTE For patiented Agreed a great at the ed woen remotalit q CR2E034 (12/95) Signature, typed or penils that is of responsible, interit and take it applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE 1.2 NAME ECHOLS, WINSTON J NAME 2095 SUNSET POINT ROAD #1802 1.3 STREET ADDRESS STREET ADDRESS 200001797952 **CLEARWATER FL 34625** 14 CITY SE-ZIP -04/29/96--01029--Q@4hange City-ST-ZIP ____ Addition DELETE 2 1 TITLE S/7 TITLE ***200.00 2.2 NAME BELL, KIM NAME 2.3 STREET ADDRESS 2095 SUNSET POINT ROAD #1802 STREET ADDRESS 2 4 CHY+ST-ZIP **CLEARWATER FL 34625** City-SI-ZiP Addition DELETE 3 1 T-1 LE DILE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 3 4 CHY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 THEF TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP Change DELETE 5 1 THLE TITLE 4/27/96 ES 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if cit inged, or on an attachment with an address. WINSTON J. Echols 4-15-96

5 4 CHY-SE-ZIP

6.3 STREET ADDRESS

6.4 CiTY - ST - ZiP

6.1 THE

6.2 NAME

SIGNATURE: OR PRINTED NAME OF SIGNING OFFICE

DELETE

☐ Add tion

☐ Change