May 10, 1999 8:00 am Secretary of State

05-10-1999 90064 041 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400085452

1. Corporation TILLMAN	'S FUNERAL HOME, INC.	000 102			
Principal Place of Business Mailing Address					T (O O CODE AND TO THE CODE OF THE SOURCE STATE OF THE STATE OF THE STATE OF THE CODE OF
620 YORK ST P. O. BOX 425 MONTICELLO FL 32344 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
					11/23/1994
Principal Place of Business 2a. Mailing Address				_	4. FEI Number Applied For
21 26 26			Δ	405	59-3284789 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			11	ME	5. Certificate of Status Desired Fee Required
City & State City & State 28			•		6-Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country		Country	'	8. This corporation owes the current year Intangible
24	25 25 Common of Common	29 30			Personal Property Tax.
	Name and Address of Curren	(Kegistered Agent	81	Name	
TILLMAN, WILLIAM 620 YORK ST.			82	Street A	Address (P.O. Box Number is Not Acceptable)
MONTICELLO FL 32344			83		
			84	' '	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. Lam familiar, with, and accept the obligations of Section 807.0505, Florida Statutes.					
SIGNATORE	Millian	William Borre Bank	internal Ann	at aignature co	required when remstating)
V Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				nt signatore re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President		1.1 TITLE		☐ Change ☐ Addition
NAME	TILLMAN, WILLIAM		1.2 NAME		
STREET ADDRESS	620 YORK ST		1.3 STREE	TADORESS	
CITY-ST-ZIP			1.4 CITY- S	T-ZIP	☐ Change ☐ Addition
TITLE	_		2.1 TITLE	İ	
NAME		t t	2.2 NAME		<u> </u>
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			2. 4 CITY-1	51-ZIP	Change Addition
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS]
CITY-ST-ZIP			3.4. CITY-	i	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition

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 en an attachment with an address, with all other like empowered.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Tillman

850-997-5553

___ Addition

☐ Addition

☐ Change

Change

CR2E034 (11/98)