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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

1996

P95000009301 (9)

DOCUMENT #

ARCHER FUNERAL HOME, INC.					144 144 144 144 144 144 144 144 144 144 144 144 144 144 144 144 144 144			
Principal Place of B	Business	Mailing Address			I ississa us mer sum same			
55 N. LAKE AVE. 55 N. LAKE AVE. LAKE BUTLER FL 32054						10. 0.	ite of Last Report	
DAVE BUILTED	T C 02007				3. Date Incorporated or Qualified	Ja. Da	ite di Last neport	
					01/31/1995		Applied For	
A. D. Levis of Class	of Business	2a. Mailing Address			4. FEI Number 59-3281830		Not Applicable	
2. Principal Place	2. Principal Place of Business 22. Maining Autoress 26				31-3201030		\$8.75 Additional	
Suite Apt. #, etc.					5. Certificate of Status Desired		Fee Required	
22					6. Election Campaign Financing		\$5.00 May Be	
City & State		City & State			Trust Fund Contribution		Added to Fees	
3			Country		8. This corporation has liability for	r intangible	etax under s. 199.032,	
Zip.	Country	Zip 3	- n		Flooda Statutes 🖊 Ye	s ∐No		
	25	[23]	<u>-1</u>		10. Name and Address of New	Registere	ed Agent	
9. Name and Address of Current Registered Agent				Name				
•				Street Addi	address (P.O. Box Number is Not Acceptable)			
ARCHER, DOYLE M			62	JULEU / IOO				
55 N. LAKE AVE.			83					
LAKE BUTLER FL 32054			-	84 City FL 85 Zip Code				
					ration submits this statement for the pard of directors. I hereby accept the ap	<u> </u>	L	
tamihar wata	and accept the congress of experience also	ea तो इक्षा ते बहु हमा करेंगे । । । । । । । । । । । । । । । । । । ।			ration submits this statement for the part of directors. Thereby accept the appearance when residently and the control of the ADDITIONS/CHANGES TO C	CAT	NO DIRECTORS IN 12	
12.	OFFICERS A	ND DIRECTORS DELETE	1 1 100				Change Addition	
TITLE	D		1.2 NAM	1				
NAME	ARCHER, DOYLE M		i i	ET ADDRESS				
STREET ADDRESS	55 N. LAKE AVE.			- S1 - Z17				
CITY-ST-ZIP	LAKE BUTLER FL 32054	DELETE	2 1 111				Change Addition	
TITLE	D		2.2 NAM	4E				
NAME	ARCHER, MARY N			LET ADDRESS				
STREET ADDRESS	55 N. LAKE AVE.			r-st zi ²			Change Addition	
C(TY - ST - ZIP	LAKE BUTLER FL 32054	DELFIE	3 1 111				Change Addition	
TITLE			3.2 NA	ME				
NAME			33 S!	REET ADORESS				
STREET ADDRESS			3.4 CIT	Y-ST-ZiP			Change Addition	
CITY-ST-ZIP		DELFTE	4.13	ILF			Clouds Classes	
THLE		-	42 NA	ME				
NAME			4 3 Si	REET ADOPESS				
STREET ADDRESS			4.4 Ci	1 y - ST - 7 iP		تادد	Change Addit of	
CITY - ST - ZIP		DELETE	5 1 Ti	TLF	700001 -05/20/961	01050-	02 1	
TITLE		- -	52 N	KME .	-05/20/36 1 ***200.00	01000	OL 4	
NAME		•	535	BEET ADDRESS	寒寒寒 ∠ UU.UU			

14. If 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 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 certify 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY - ST - ZiP

6 1 THE

62 NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-24-96 904-496 2008

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CP