**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 # P95000016301 (0)

1. Corporation Name
**AMERICAN FAMILY CREMATION SOCIETY INC.**

Principal Place of Business
225 INGRAHAM ST.
LAKELAND FL 33801

Mailing Address
225 INGRAHAM ST.
LAKELAND FL 33801

3. Date Incorporated or Qualified: 02/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21 225 South Ingraham Ave.
Suite, Apt. #, etc.
22
City & State
23 Lakeland, FL.
Zip 24 33801
Country 25 USA

2a. Mailing Address
26 225 South Ingraham Ave.
Suite, Apt. #, etc.
27
City & State
28 Lakeland, FL.
Zip 29 33801
Country 30 USA

4. FEI Number: 59-3299104 — 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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: Gregory W. Marti
82 Street Address (P.O. Box Number is Not Acceptable): 225 South Ingraham Ave.
83
84 City: Lakeland FL 85 Zip Code: 33801

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] Gregory W. Marti, President 03/26/96
(Signature of Registered Agent) (Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☒ DELETE |
| NAME | BURFORD, GARY | |
| STREET ADDRESS | 225 INGRAHAM ~~AVE.~~ SO. | |
| CITY-ST-ZIP | LAKELAND FL 33801 | |
| TITLE | PRESIDENT | ☐ DELETE |
| NAME | ~~GARY~~ | |
| 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 | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | | ☐ Change ☐ Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | 2 | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | PRESIDENT / DIRECTOR | ☐ Change ☒ Addition |
| 22 NAME | GREGORY W. MARTI | |
| 23 STREET ADDRESS | 225 SO. INGRAHAM AVE. | |
| 24 CITY-ST-ZIP | LAKELAND, FL. 33801 | |
| 31 TITLE | DIRECTOR / SECRETARY / TREAS. | ☐ Change ☒ Addition |
| 32 NAME | DONNA L. MARTI | |
| 33 STREET ADDRESS | 225 SO. INGRAHAM AVE. | |
| 34 CITY-ST-ZIP | LAKELAND, FL. 33801 | |
| 41 TITLE | | ☐ Change ☐ Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | ☐ Change ☐ Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing, and valid and current, 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 changed, or on an attachment with an address.

**SIGNATURE:** [signature] Gregory W. Marti, President 3/26/96 (941) 683-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date) (Daytime Phone #)

CR2E034 (12/95)