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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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~~ AVE. S.
LAKELAND FL 33801

Mailing Address

225 INGRAHAM ~~ST~~ AVE. S.
LAKELAND FL 33801

3. Date Incorporated or Qualified
02/27/1995

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

21 225 INGRAHAM AVE. S.

2a. Mailing Address

26 225 INGRAHAM AVE. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKELAND, FL.

City & State

28 LAKELAND, FL.

Zip

24 33801 25 USA

Zip

29 33801 30

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 INGRAHAM AVE. SOUTH
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 as President 1/15/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTI, GREGORY W	
STREET ADDRESS	225 INGRAHAM ST AVE. S.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MARTI, DONNA L	
STREET ADDRESS	225 S INGRAHAM AVE AVE. S.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	GARY L. BURFORD	
STREET ADDRESS	225	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	225 INGRAM AVE. SO.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	225 INGRAM AVE. SO.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARY L. BURFORD
3.3 STREET ADDRESS	225 INGRAM AVE. SO.
3.4 CITY-ST-ZIP	LAKELAND, FL. 33801
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	DAVID HOLDER
4.4 CITY-ST-ZIP	225 INGRAM AVE. SO. LAKELAND, FL. 33801
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE *[Signature]* GREGORY W. MARTI, President 1/15/97 941-683-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0524126

CR2E034 (9/96)