FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088514 (1)

DUNDEE-HAINES CITY FUNERAL HOME, INC.

Principal Plac 202 MAIN STRE DUNDEE FL 33	EET	Mailing Address 202 MAIN STREET DUNDEE FL 33838						
						3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Repo	жt
2. Principal P	lace of Business	2a. Mailing Address	·····			4. FEI Number		ed For
21		26				59-3378477	Not A	pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	See Requi	
City & State Cily & State						6. Election Campaign Financing	\$ 5.00 Ma	зу Ве
23		28				Trust Fund Contribution	Added to F	ees
Zip Ti	Country	Zιp	-	untry	•	8. This corporation has liability for i		9.032,
24	[25]	29	30]				Yes No	
	g, Name and Address of Curr	eni Hegisterea Agent		81	Nama	10, Name and Address of New Re	Jistered Agent	
	CHER, W. GUS II			"	Name		· · · · · · · · · · · · · · · · · · ·	
1375 JACKSON STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 303								
FT W	IYERS FL 33901			83		•		
				84			FL 85 Zip Coo	
SIGNATURE	Signature Types or printed name of registering a		TE Register	5 ed Age		ed when reinstating)	5-26-77	7
12. Tilus	PD	DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFFIC		Addition
NAME	ROGERS, HERBERT L			1.2 NAME				
STREET ADDRESS	5086 VARTY ROAD		1		ADDRESS			
	WINTER HAVEN FL 33884				1			
CITY - ST - ZIP TITLE				1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAM				2.2 NAME			Em outuito E	
STREET ADDRESS	AAA SAAS AMBERTA			2.3 STREET ADDRESS				
	DUNDEE FL 33838			CITY-S				
CITY - ST - ZIP TITLE	PALIFER I F AMON	☐ DELETE		DITE	ai · Eir		Change	Addition
NAME	_ Decre			3.2 NAME			and consists to	
STREET ADDRESS					ADDRESS			
City - St - 70°				CITY-5				
TI11£		DELETE		ITLE	v, •"		Change [Addition
NAME				NAME			•	
STREET ADDRESS					ADDRESS			
City - \$1 - 7iP								
TILL	The state of the s			4.4 C(TY-ST-Z)P 5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME				NAME		·	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS					ADDRESS			
C(TY - ST - 7)P				CHTY-S				
THEF		DELETE		TITLE			☐ Change ☐	Addition
NAME				NAME			_ · · -	
STREET ADDRESS					ADDRESS			

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 agreedled 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.

6.4 CITY-ST-ZIP

SIGNATURE: W.G. BEWOHER REQUI

Cify ST ZIP

Dayline Pixone # **6012087**

FILED

Mar 31 1997 8:00am

Secretary of State