

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

**FILED**

**May 06 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 # P96000013224 (6)**

**1. Corporation Name  
ORLANDO FUNERAL HOME, INCORPORATED**



**Principal Place of Business Mailing Address  
1201 S. ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789  
1201 S. ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789-7107**

**3. Date Incorporated or Qualified 02/09/1996** **3a. Date of Last Report**  
**4. FEI Number 59-308 1547** **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

**2. Principal Place of Business 2a. Mailing Address**  
**21** **26**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23** **28**  
Zip Country Zip Country  
**24** **25** **29** **30**

**9. Name and Address of Current Registered Agent**

**KNOPKE, RAYMOND C JR.  
1201 S. ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789**

**10. Name and Address of New Registered Agent**

**81 Name Corinne I. Olvey**  
**82 Street Address (P.O. Box Number is Not Acceptable) 1201 S. Orlando Avenue**  
**83 Suite 365**  
**84 City Winter Park FL 85 Zip Code 32789**

**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** *Corinne I. Olvey* **(NOTE: Registered Agent signature required when reinstating)** **DATE**

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PT</b> <input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>KNOPKE, RAYMOND C JR.</b>
<b>STREET ADDRESS</b>	<b>1201 S. ORLANDO AVENUE, SUITE 365</b>
<b>CITY - ST - ZIP</b>	<b>WINTER PARK FL 32789</b>
<b>TITLE</b>	<b>VPS</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>OLVEY, CORINNE I</b>
<b>STREET ADDRESS</b>	<b>1201 S. ORLANDO AVENUE, SUITE 365</b>
<b>CITY - ST - ZIP</b>	<b>WINTER PARK FL 32789</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>HENICAN, JOSEPH P III</b>
<b>STREET ADDRESS</b>	<b>1201 S. ORLANDO AVENUE, SUITE 365</b>
<b>CITY - ST - ZIP</b>	<b>WINTER PARK FL 32789</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>ROWE, WILLIAM E</b>
<b>STREET ADDRESS</b>	<b>1201 S. ORLANDO AVENUE, SUITE 365</b>
<b>CITY - ST - ZIP</b>	<b>WINTER PARK FL 32789</b>
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>MARLOWE, BRIAN J</b>
<b>STREET ADDRESS</b>	<b>1201 S. ORLANDO AVENUE, SUITE 365</b>
<b>CITY - ST - ZIP</b>	<b>WINTER PARK FL 32789</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>P/AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>Keenan L. Knopke</b>
<b>1.3 STREET ADDRESS</b>	<b>1201 S. Orlando Ave., # 365</b>
<b>1.4 CITY - ST - ZIP</b>	<b>Winter Park, FL 32789</b>
<b>2.1 TITLE</b>	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>Corinne I. Olvey</b>
<b>2.3 STREET ADDRESS</b>	<b>1201 S. Orlando Ave., # 365</b>
<b>2.4 CITY - ST - ZIP</b>	<b>Winter Park, FL 32789</b>
<b>3.1 TITLE</b>	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>Frank L. Matasavage</b>
<b>3.3 STREET ADDRESS</b>	<b>1201 S. Orlando Ave., # 365</b>
<b>3.4 CITY - ST - ZIP</b>	<b>WinterPark, FL 32789</b>
<b>4.1 TITLE</b>	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2 NAME</b>	<b>Kenneth C. Budde</b>
<b>4.3 STREET ADDRESS</b>	<b>110 Veterans Memorial Blvd.</b>
<b>4.4 CITY - ST - ZIP</b>	<b>Metairie, LA 70005</b>
<b>5.1 TITLE</b>	<b>VP/AS/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>5.2 NAME</b>	<b>Brent F. Heffron</b>
<b>5.3 STREET ADDRESS</b>	<b>1201 S. Orlando Ave., # 365</b>
<b>5.4 CITY - ST - ZIP</b>	<b>Winter Park, FL 32789</b>
<b>6.1 TITLE</b>	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2 NAME</b>	<b>Ronald H. Patron</b>
<b>6.3 STREET ADDRESS</b>	<b>110 Veterans Memorial Blvd.</b>
<b>6.4 CITY - ST - ZIP</b>	<b>Metairie, LA 70005</b>

**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 in 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:** *Corinne I. Olvey* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Corinne I. Olvey**  
**4/28/97 407/740-7000**  **anytime Phone #**

CR2E034 (9/96)