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May 06, 1999 8:00 am Secretary of State

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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000013224

1. Corporation Name

ORLANDO FUNERAL HOME, INCORPORATED

Principal Place	of Business	Mailing Address				
1201 S. ORLANI	DO AVENUE	1201 S. ORLANDO AVENUE				
SUITE 365 SUITE 365 WINTER PARK FL 32789 WINTER PARK FL 32789			DO NOT WRITE IN THIS	SPACE		
WINTER PARK FL 32789 WINTER PARK FL		WINTER FARE PL 32/09		3. Date Incorporated or Qualifed		
			r	02/09/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apı	plied For
21		26		59-3081547	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 △	
22		27		5. Certificate () Status Desired	Fee Re	quired
City & State	)	City & State	<del></del>	6. Election Campaign Financing	\$5.00	•
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	This corporation owes the current year In		~
24	25	29 30	)	Personal Property Tax.		<b>⊠</b> No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered		
KNO	PKE, KEENAN L		81 Name	CT CORPORATION SYS	SIEW	
· ·	S. ORLANDO AVENUE		82 Street A	Address 1200 PINE ISLAND ROA	מע	
	E 365		00		10	
	ER PARK FL 32789		83			
*****	EIT AIR I E SE 100		84 City	PLANTATION, FL 33324	l	9
	<u> </u>	1007 4500 51-31-01-4-4-	the object named	energian submits this statement for the purpose of	f changing its	registered
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent or both, in the State of	and 607.1508, Florida Statutes, <b>'B</b> orida. Such change was auth	orized by the corpo	ration's board of directors. I hereby accept the appo	intment as req	gistered
agent. I ar	n familial with, and a lept the obligation	of, Section 607.0505, Florida	Statutes.	11 m 1 m 1	09	
SIGNATURE	(pila 10%	an- V	idor X	11tano 31161	99	
SIGNATURE	Signature, typed or printed name of registered ageny	and title if applicable. (NOTE. Re	gistered Agent signature re	Squired when reinstating) DATE	47_	
SIGNATURE	Signature, typed or printed name of registered agent	an- V	idor X	adurad when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	47_	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registerey agents OFFICERS AND PAS	and title if applicable. (NOTE. Re	gistered Agent signature re 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registers sagery to OFFICERS AND PAS KNOPKE, KEENAN L	and title if applicable. (NOTE. Re	gistered Agent signature re 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A  AS TRAHAN, LORALICE A.	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registerey ageny is OFFICER'S AND PAS KNOPKE, KEENAN L 1201 S. ORLANDO AVENUE, SU	and title if applicable. (NOTE. Re	gisterad Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A  AS TRAHAN, LORALICE A.  110 VETERANS MEMORIAL BLVD	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ageny of FICERS AND PAS KNOPKE, KEENAN L 1201 S. ORLANDO AVENUE, SU WINTER PARK FL 32789	and title if applicable. (NOTE. Re	gistered Agent signature re 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A  AS TRAHAN, LORALICE A.	ND DIRECTO	RS IN 12
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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 polemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report or officer or director of the corporal Block 12 or Block 13 if changer

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

ROWE, WILLIAM E.

METAIRIE, LA 70005

110 VETERANS MEMORIAL BLVD

SIGNATURE:

AS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

WINTER PARK FL 32789

110 VETERANS MEMORIAL BLVD

PATRON, RONALD H

**METAIRIE LA 70005** 



Brent F. Heffron

DELETE

April 14, 1999 (407) 740-7000

Change Change

☐ Addition