

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

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Apr 11 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 # P96000024822 (4)

1. Corporation Name
CAPITAL FUNERAL ESCORT SERVICES, INC.

Principal Place of Business
1755 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

Mailing Address
1755 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308-5503



3. Date Incorporated or Qualified 03/20/1996	3a. Date of Last Report
4. Fee Number 59-3369178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

JOHNSON, ISAAC
1755 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	JOHNSON, ISAAC	12 NAME	
STREET ADDRESS	1755 CAPITAL CIRCLE, N.E.	13 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	14 CITY - ST - ZIP	
TITLE	VS	21 TITLE	
NAME	JOHNSON, SARA	22 NAME	
STREET ADDRESS	1755 CAPITAL CIRCLE, N.E.	23 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	24 CITY - ST - ZIP	
TITLE	V	31 TITLE	
NAME	JOHNSON, CORNEILEUS	32 NAME	
STREET ADDRESS	2678 PINE KNOLL DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32310	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	
NAME	JOHNSON, RAYMOND	42 NAME	
STREET ADDRESS	1821 CAPITAL CIRCLE, N.E.	43 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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, unchanged, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 1997 877-4992
Date Daytime Phone #

CR2E034 (9/96)