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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054971 (2)

DUVAL COUNTY CREMATION SOCIETY, INC.

appears in Block 12 or Block 13 if changed.

SIGNATURE:

FILED Mar 13 1997 8:00am Secretary of State

|--|

# 412 # AOKSONVILLE FL 92256		# 412 JACKSONVILLE FL 32256-7039			
				3. Date Incorporated or Qualified 06/27/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 8789	SAN JOSE BLVD.	26 8789 SAN V	OSE BLVD.	59-8393095	Not Applicable
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 40		27 201B		5. Cermicate of Status Desired	Fee Required
City & Sta		City & State	 .	6. Election Campaign Financing	\$5.00 May Be
	KSONVILLE, FLA	28 VACKSON VILL		Trust Fund Contribution	Added to Fees
Zip 24 322			Country 00 USA	8. This corporation has hability for i	ntangible tax under s. 199.032,
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	ighey, James a Jr.		81 Name		
763	32 SOUTHSIDE BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	412		L		
JA	CK8ONVILLE FL 32258		83		
			84 City		85 Zip Code
11. Pursuant office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig-	of Florida, Such change was au ations of Section 607,0505, Flori	ithorized by the corporal ida Statutes.	ocration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
12.	Storiatur, typod or printed name of Apistinical agr	DIDECTORS (NOTE:	Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	PAGSIPONT	DELETE	1.1 111(E	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	dance & sherry	t and Decision.	1.2 NAME		C change C Abandon
STREET ADDRESS	8789 SAN TOSE BLUD,	Comment of the Commen		*	
CITY-ST-ZIP	VACKEDAVILE, FLOR	101 87.257	1.3 STREET ADDRESS		
TITLE	VICES NOTICE, PLAN	DELETE	1.4 City-ST-ZIP 2.1 TILLE	·	Change Addition
NAME	1	/	2.2 NAME		C onlinge C Addition
STREET ADDRESS	ļ		2 3 STREET ADDRESS		
CITY-ST-ZIP	}		2.4 CITY-ST-ZIP	•	y e
TITLE		DELETE	3.1 71716		Change Addition
NAME	Í		3.2 NAME		E dibingo E Addition
STREET ADDRESS	ł		3.3 STREET ADDRESS		
CITY-ST-ZIP	1		3.4. City - St - ZiP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		_ one igo
STREET ADDRESS	ĺ		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-7IP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	1	—	5 2 NAME		
STREET ADDRESS	ł		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE	 	DELFTE	6.1 TITLE		☐ Change ☐ Addition
NAME	Ì		6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-ST-ZIP	}		6.4 City-St-7iP		
	by certify that the information supplie	d with this filing does not qualify		in Section 119.07(3)(i). Florida Statutes	. I turther certify that the
I am an c	on indicated on this annual report or solficer or director of the corporation or the Block 13 or Block 13 if shapped to	the receiver or trustee empower	'éd 10 execute this repor	d in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal 1 as required by Chapter 607, Florida St	effect as if made under oath; that atules; and that my name