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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000070824 (3)

R.J. DERR FUNERAL CHAPFLLING.

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Principal Place of Business	Mailing Address	
7008 N NEBRASKA AVE TAMPA FL 33804	7006 N NEBRASKA AVE TAMPA FL 33604	
2. Principal Place of Business	2a. Mailing Address 26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•

FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1996 Applied For 59-3397655 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees ZID Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 30 25 29 Personal Property Tax due June 30. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DERR, RONALD J 7006 N NEBRASKA AVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33604** 63 84 City 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME DERR. RONALD J 1.2 NAME 7006 N NEBRASKA AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33604 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME DERR, RONNEKER 2.2 NAME STREET ADDRESS 3904 E OSBORNE 2.3 STREET ADDRESS **TAMPA FL 33610** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME GAINER, TALANYA 3.2 NAME 3904 E OSBORNE STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP **TAMPA FL 33610** 3 4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME MCCAULEY, KATHY 4 2 NAME 7006 N NEBRASKA AVE STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 33604 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 THTLE Change Addition NAME 5 2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I 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 comparation or the receiver or trusted employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY - ST - ZIP

CITY-ST-ZIP