SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039223 (7)

ORMOND FUNERAL HOME, INC.

Principal Place of Business 1210 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 Mailing Address

1210 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176

FILED Aug 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualified 04/30/1997		
2. Principal Place of Business F1, 32114 2a. Malling Address							4. FEI Number Applied For		
21 733 W. Granada Blud, Ormani Beng 26							59-3469247 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additional		
22 27]			5. Certificate of Status Desired Fee Required		
City & State				City & State			Election Campaign Financing \$5.00 May Be		
				B			Trust Fund Contribution Added to Fees		
Zip		Country	L_,	Zip	Country		8. This corporation owes or has paid the current year Intangible		
24	2		29	- A	30		Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
LOHMAN, LOWELL L 1210 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176						81 Name N/A			
						82 Street Address (P.O. Box Number is Not Acceptable)			
84	City	85 Zip Code							
					*`	0.1,	- FL] S Z F COU		
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									
OIOWATORE .	Signature, typed or	printed name of registere	d agent and title if	applicable. (NO	OTE: Registered A	gent signature	required when reinstating) DATE		
12.		OFFICERS	S AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE				DELETE	1.1 TITLE		P Change Addition		
NAME					1.2 NAME		Lowell Lohman		
STREET ADDRESS	ET ADDRESS				1.3 STREET ADDRESS		1210 John Anderson Or.		
CITY-ST-ZIP					1.4 CITY-ST	T-ZIP	Ormand Beach, FL 32176		
TITLE	DELETE 2.11			2.1 TITLE		VP/5 Change Addition			
NAME	2.2 N/		2.2 NAME		Nancy Lohman				
STREET ADDRESS	ET ADDRESS .			2.3 STREET ADDRESS		1210 John Anderson Dr.			
CITY-ST-ZIP							Ormont Beach, Fr 32174		
TITLE	DELETE			3.1 TITLE		Change Addition			
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREET	ADDRESS			
CITY-ST-ZIP					3.4 CITY-ST	r-zie			
TITLE				DELETE	4.1 TITLE		nange Addition		
NAME					4.2 NAME		That		
STREET ADDRESS					4.3 STREET	ADDRESS	4//X//7		
CITY-ST-ZIP					4.4 CITY-ST	r-ziP	11/9/2		
TITLE				DELETE	5.1 TITLE		Change Addition		
NAME					5.2 NAME				
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP					5.4 CITY-ST				
TITLE				DELETE	6.1 TITLE		Change		
NAME				La Decete	6.2 NAME		6000026172 7 6~~		
STREET ADDRESS					63 STREET	ADDRESS	500002617275 -08/17/9801063013		
CITY-ST-ZIP					6.4 CITY-ST		***150.00		
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									

4. 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 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.

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CRZE034 (5/98

June 18, 1998

Organ Sattable

Po 2

To Whom It May Concern Florida Dept. of State PO Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

Enclosed please find our Annual Report application and payment. I called several days ago and informed you that I never received my original application. They, in turn, informed me that I could pay the original fee due which is \$150.00

Hence, enclosed is our check for \$150.00.

If you have any questions or concerns, please do not hesitate to call us at (904) 441-1144.

Sincerely;

Nancy Lohman General Manager to some for the property of th

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