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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089906

1. Corporation Name

ROBERTS FUNERAL HOME, INC.

Principal Place of Business

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 011 ***900.00



| 1201 S. ORLANDO AVE STE. 365 WINTER PARK FL 32789 | | 1201 S. ORLANDO AVE., STE. 365 WINTER PARK FL 32789 | | | | DO NOT WRITE IN TH | IS SPACE | | |
|--|--|--|----------------------|---------------|------------------------|--------------------|--|------------|-------------------|
| | | | | | | | 3. Date Incorporated or Qualifed 10/20/1997 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | 4. FEI Number | | Applied For |
| 2 | 200 01 20011000 | <u> </u> | 26 | | | | 59-3483106 | | Not Applicab |
| Suite, Apt. | # etc. | | Suite, Apt. #, etc. | | | | | \$8.7 | 5 Additional |
| | ,,, 0.0. | 27 | | | | | 5. Certifcate of Status Desired | Fee | Required |
| City & State | a | City & State | | | | | 6. Election Campaign Financing | \$5.5 | 00 May Be |
| ─ ┐ • | , | 28 | | | | | Trust Fund Contribution | • | ed to Fees |
| Zip | Country | Zip | Cou | intry | | | 8. This corporation owes the current year | ntangible | |
| 24 | 25 | · · · · · · · · · · · · · · · · · · · | 30 | • | | | Personal Property Tax. | ☐ Yes | X No |
| <u>.</u> | 9. Name and Address of Cur | | <u> </u> | | | | 10. Name and Address of New Registere | d Agent | |
| - | J. Hallo and Address S. Par | | | 81 | Name | | CT CORPORATION SY | 'STEM | , |
| KNO | PKE, KEENAN | | | | | | _ | | |
| | S. ORLANDO AVE., STE. 369 | 5 | | 82 | Street Addres | | 988 1200 PINE ISLAND RO | AD | |
| WINT | ER PARK FL 32789 | | | 83 | | | _ | | |
| | | | | | | | | | |
| | | | | 84 | City | | PLANTATION, FL 3332 | 4 | le |
| | | | | <u> </u> | | | | | tito registered |
| 11. Pursuant | to the provisions of Sections 607.0 | 0507 and 607.1508, Florida Statute | s, the a thorized | ibove I bv | e-named (the corpo | corpor | ration submits this statement for the purpose i's board of directors. I hereby accept the app | ointment a | s registered |
| agent. I a | m familiar with and except the ob | gates of, Section 607.0505, Flor | ida Sta | μtes. | | | ration submits this statement for the purpose is board of directors. I hereby accept the app | 2~ | |
| SIGNATURE | (nels) | gan \ | NiC | to | x x | 14 | ano 3116 | | |
| OCHATORE | Signature, typed or printed name of registered | | | Agen | t signature re | equired v | when reinstating) DATE | | |
| 12. | | AND DIRECTORS | 13. | | | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | D | ☐ DELETE | 1.1 TI | TLE | | AS | | ☐ Chai | ige Addin |
| NAME | HENNICAN, JOSEPH B | | 1.2 N | AMÉ | | | RAHAN, LORALICE A. | | |
| STREET ADDRESS | 1201 S. ORLANDO AVE., ST | TE. 365 | 1.3 S | TREET | ADDRESS | | 0 VETERANS MEMORIAL BLVC |) | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | 1.4 C | ITY-S1 | r-ZIP | ME | ETAIRIE, LA 70005 | | |
| TITLE | D | ☐ DELETE | 2.1 Ti | ITLE | | D/V | /P/AS | Char | nge 🎾 Addit |
| NAME | ROWE, WILLIAM E | | 2.2 N | AME | | HE | FFRON, BRENT F. | | |
| STREET ADDRESS | 1201 S. ORLANDO AVE., ST | TE. 365 | 2.3 S | TREET | ADDRESS | | 01 S ORLANDO AVE #365 | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | 2.40 | ITY-S | T-ZIP | WI | NTER PARK, FL 32789 | | |
| TITLE | AS | ☐ DELETE | 3.1 TI | | _= | | AS | ☐ Char | nge 🔀 Addit |
| NAME | BUDDE, KENNETH C | _ | 3.2 N | | | | NOPKE, KEENAN L. | | - |
| | 110 VETERANS MEMORIAL | RIVD | | | ADDRESS | | 201 S ORLANDO AVE #365 | | |
| STREET ADDRESS | | DETU | | | | | INTER PARK, FL 32789 | | |
| CITY-ST-ZIP | METAIRIRIE LA 70005 | M DELETE | _ | ITY-S | 1-21 | | HACETAL TRANSPILLE OF LOS | Char | nge 🗀 Addi |
| TITLE | AS BATTOON BONALD II | EN DELETE | 4.1 TI | | ļ | D | NICAN IOSEBUR III | 7 | ·a- 🗀 · · · · · · |
| NAME | PATRON, RONALD H | | 4, 2 N | | | | NICAN, JOSEPH P. III | | |
| STREET ADDRESS | 110 VETERANS MEMORIAL | RLAD | | | ADDRESS | | VETERANS MEMORIAL BLVD | | |
| CITY-ST-ZIP | METAIRIRIE LA 70005 | | _ | ΠY-\$1 | Γ- ZIP | | TAIRIE, LA 70005 | M Cha | |
| TITLE | T | ☐ DELETE | 5.1 T | | | T/S | | Chai | nge 🗌 Addir |
| NAME | MATASAVAGE, FRANK L | | 5.2 N | | ŀ | | ATASAVAGE, FRANK L. | | |
| STREET ADDRESS | 1201 S. ORLANDO AVE., ST | TE. 365 | 5.3 S | TREET | ADDRESS | | 01 S ORLANDO AVE #365 | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | | ITY-S | T-ZIP | _WI | INTER PARK, FL 32789 | | |
| TITLE | S | ▼ DELETE | 6.1 T | ITLE | | | | Chai | nge 🔲 Addir |
| NAME | OLVEY, CORINNE I | • | 6.2 N | AME | ļ | | | | |
| STREET ADDRESS | 1201 S. ORLANDO AVE., ST | TE. 365 | 6.3 S | TREET | ADDRESS | | | | |
| CARLET HOURESO | MINITED DADY EL 20700 | | 640 | mv.e | T. 710 | | | | |

CITY-ST-ZIP WINTER PARK FL 32789

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 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, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME

Brent F. Heffron

April 14, 1999 (407) 740-7000