2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800001471 Jun 20, 2000 8:00 am **Secretary of State** HOLMES FUNERAL DIRECTORS, INC. 06-20-2000 90011 028 ***550.00 Mailing Address Principal Place of Business 15915 KATY FREEWAY 2719 W EDGEWOOD AVE SUITE 500 JACKSONVILLE FL 32209 HOUSTON TX 77094-1711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 76-0557264 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Director & V.P. 4 Secraly Delete Mics are super ☐ Change Addition TITLE TONI UNISON-POUL WILSON, GERALD E NAME 15915 leaty Fruy H500 STREET ADDRESS STREET ADDRESS 15915 KATY FREEWAY, STE 500 CITY-ST-7IP CITY-ST-ZIP HOUSTON TX 77094 ☐ Addition Change jendell P. Holmes ☐ Delete TITLE NAME 515 Keti Fing, HS00 STREET ADDRESS STREET ADDRESS HOUSTON ITX 77094 CITY-ST-ZIP CITY-ST-ZIP Vice Riesupent, D. Celler - Deleter-TITLE - - - - -Change Addition TITLE : NAME NAME Fray ,# 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Honstn, TK CITY-ST-ZIP Vice President , Diretter ☐ Addition TITLE TITLE morshamic Wilson NAME NAME 159,5 KUT Fry, #500 STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP Housin, 17 77084 CITY-ST-7IP Vice presinent ☐ Change ☐ Addition TITLE TITLE Julius C. Bennett NAME 15915 Kuty Acrawy, #60 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Husm, Te Viz & Presioent ☐ Addition TITLE Change ☐ Delete Earl Hurrison NAME NAME 15915 Kety Freeway, # 500 STREET ADDRESS STREET ADDRESS 77094 CITY-ST-ZIP 13. 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 report or supplemental report Strue 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #