

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90231 012 ***158.95

DOCUMENT # P98000001471

1. Entity Name

HOLMES FUNERAL DIRECTORS, INC.



Principal Place of Business

2719 W EDGEWOOD AVE
JACKSONVILLE FL 32209
US

Mailing Address

15915 KATY FREEWAY
SUITE 500
HOUSTON TX 77094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0557264**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVPS ☐ Delete
NAME WILSON, GERALD E
STREET ADDRESS 15915 KATY FREEWAY, STE 500
CITY-ST-ZIP HOUSTON TX 77094

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HOLMES, WENDELL P
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON TX 77094

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME TANNER, GARY
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON TX 77091

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME WILSON, MARSHERRIA
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON TX 77094

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BENNETT, JULIUS C
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON TX 77094

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HARRISON, EARTH
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON TX 77094

TITLE ☒ Change ☐ Addition
NAME VP
Harrison, Earl
STREET ADDRESS 15915 Katy Freeway, #500
CITY-ST-ZIP Houston, TX 77094

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #