07211999-90009-001-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90009 001 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000009012

This is the new

1. Corporation Name
GAINER FAMILY FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
1613 MARTIN LUTHER KING, JR. BLVD. PANAMA CITY FL 32405	1613 MARTIN LUTHER KING, JR. BLVD. PANAMA CITY FL 32405 P. O. Box 35337 Panama City, FL 32412-5337

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 01/27/1998	
21	26	4. FEI Number: 593302156	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LONG, OMETRIAS D
1221 WEST COLONIAL DRIVE STE. 102
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: Gainer Jr. Harry Will.
82 Street Address (P.O. Box Number is Not Acceptable): 1613 Martin Luther King. Jr. Blvd
83
84 City: Panama City Fla. FL 85 Zip Code: 32405

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: Harry W. Gainer Jr. — Harry W. Gainer Jr. — DATE: 7-17-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Vice President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Gwendolyn G. Rouhlac	1.2 NAME	
STREET ADDRESS	1465 Roberts Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Mableton, GA 30126	1.4 CITY-ST-ZIP	
TITLE	Director/Branch Manager ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Sonya Gainer	2.2 NAME	
STREET ADDRESS	P.O. Box 35337	2.3 STREET ADDRESS	
CITY-ST-ZIP	Panama City FL 32412	2.4 CITY-ST-ZIP	
TITLE	President ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Gail Kellis	3.2 NAME	
STREET ADDRESS	P.O. Box 35337	3.3 STREET ADDRESS	
CITY-ST-ZIP	Panama City, Fla 32412	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED — 7-17-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #