

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S47205** (7)
1. Corporation Name
DAVID C. GROSS FUNERAL HOME, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6366 CENTRAL AVE
ST PETERSBURG FL 33707**

Mailing Address
**6366 CENTRAL AVE
ST PETERSBURG FL 33707**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **1201 S. Orlando Ave.**

27 Suite, Apt. #, etc.

28 **Suite 365**

29 City & State

30 **Winter Park, FL**

31 Zip Country

32 **32789 USA**

3. Date Incorporated or Qualified

04/23/1991

4. FEI Number

59-3061484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GROSS, DAVID C
6366 CENTRAL AVE
ST PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name

Keenan L. Knopke

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

1201 S. Orlando Ave.

83

Suite 365

84 City

Winter Park

FL

85 Zip Code

32789

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 *Keenan L. Knopke*

4/20/98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☒ DELETE
NAME **GROSS, DAVID C**
STREET ADDRESS **6366 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **T** ☒ DELETE
NAME **GROSS, DAVID C.**
STREET ADDRESS **6366 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ DELETE
NAME **Ronald H. Patron**
STREET ADDRESS **110 Veterans Memorial Blvd.**
CITY-ST-ZIP **Metairie, LA 70005**

TITLE **AS** ☐ DELETE
NAME **Kenneth C. Budde**
STREET ADDRESS **110 Veterans Memorial Blvd.**
CITY-ST-ZIP **Metairie, LA 70005**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P. AS.** ☐ Change ☒ Addition
1.2 NAME **Keenan L. Knopke**
1.3 STREET ADDRESS **1201 S. Orlando Ave., Ste. 365**
1.4 CITY-ST-ZIP **Winter Park, FL 32789**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **Corinne I. Olvey**
2.3 STREET ADDRESS **1201 S. Orlando Ave., Ste. 365**
2.4 CITY-ST-ZIP **Winter Park, FL 32789**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **Frank L. Matasavage**
3.3 STREET ADDRESS **1201 S. Orlando Ave., Ste. 365**
3.4 CITY-ST-ZIP **Winter Park, FL 32789**

4.1 TITLE **D. VP. AS** ☐ Change ☒ Addition
4.2 NAME **Brent F. Heffron**
4.3 STREET ADDRESS **1201 S. Orlando Ave., Ste. 365**
4.4 CITY-ST-ZIP **Winter Park, FL 32789**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **William E. Rowe**
5.3 STREET ADDRESS **110 Veterans Memorial Blvd.**
5.4 CITY-ST-ZIP **Metairie, LA 70005**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Joseph P. Henican, III.**
6.3 STREET ADDRESS **110 Veterans Memorial Blvd.**
6.4 CITY-ST-ZIP **Metairie, LA 70005**

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

Corinne I. Olvey

Corinne I. Olvey

4-22-98
407/740-7000

CR2E034 (10/97)