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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # S47205

1. Corporation Name
DAVID C. GROSS FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
6366 CENTRAL AVE ST PETERSBURG FL 33707	1201 S ORLANDO AVE SUITE 365 WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/23/1991

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3061484 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNOPKE, KEENAN L
1201 S ORLANDO AVE
SUITE 365
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address: 1200 PINE ISLAND ROAD
83
84 City: PLANTATION, FL 33324

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: [signature] Victor Alfano 3/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PAS	☐ DELETE	1.1 TITLE	AS	☐ Change ☒ Addition
NAME	KNOPKE, KEENAN L		1.2 NAME	BUDDE, KENNETH C.	
STREET ADDRESS	1201 S ORLANDO AVE, SUITE 365		1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	METAIRIE, LA 70005	
TITLE	S	☒ DELETE	2.1 TITLE	AS	☐ Change ☒ Addition
NAME	OVELY, CORINNE L		2.2 NAME	TRAHAN, LORALICE A.	
STREET ADDRESS	1201 S ORLANDO AVE, SUITE 365		2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	WINTER PARK FL 32789		2.4 CITY-ST-ZIP	METAIRIE, LA 70005	
TITLE	T	☐ DELETE	3.1 TITLE	T/S	☒ Change ☐ Addition
NAME	MATASAVAGE, FRANK L		3.2 NAME	MATASAVAGE, FRANK L.	
STREET ADDRESS	1201 S ORLANDO AVE, #365		3.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PARK FL 32789		3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	DVP	☐ DELETE	4.1 TITLE	D/VP/AS	☒ Change ☐ Addition
NAME	HEFFRON, BRENT F		4.2 NAME	HEFFRON, BRENT F.	
STREET ADDRESS	1201 S ORLANDO AVE, #365		4.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PARK FL 32789		4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ROWE, WILLIAM		5.2 NAME	HENICAN, JOSEPH P. III	
STREET ADDRESS	110 VETERANS MEM BLVD		5.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	METARIE LA 70005		5.4 CITY-ST-ZIP	METAIRIE, LA 70005	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HENICAN, JOSEPH P I		6.2 NAME		
STREET ADDRESS	110 VETERANS MEM BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	METARIE LA 70005		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: [signature] Brent F. Heffron April 14, 1999
SIGNATURE AND TYPED OR PRINTED (407) 740-7000