FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 20 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66236

1. Corporation Name
DIGNIFIED FUNERAL ALTERNATIVES, INC.

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1991
3a. Date of Last Report:

2. Principal Place of Business — 21: 4515 MADISON ST.
2a. Mailing Address — 26: P.O. DRAWER 100
4. FEI Number: 59-3077418 — Applied For / Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State — 23: NEW PORT RICHEY, FL
City & State — 28: LUFKIN, TX
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip — 24: 34652-4755
Country — 25: PASCO
Zip — 29: 75902-0100
Country — 30: ANGELINA
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

ROGER E. MICHELS
5130 STATE ROAD 54
NEW PORT RICHEY, FL 34652

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City — FL — 65 Zip Code

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 _____ DATE
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	P	11 TITLE	D/P — XX Change ☐ Addition
NAME	ROGER E. MICHELS	12 NAME	JAMES P. HUNTER, III
STREET ADDRESS	5130 STATE ROAD 54	13 STREET ADDRESS	415 SOUTH FIRST, SUITE 210
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	14 CITY-ST-ZIP	LUFKIN, TX 75901
TITLE	S/T	21 TITLE	S/T — XX Change ☐ Addition
NAME	ANDREW J. LUNDQUIST	22 NAME	SUSANNE PARKER
STREET ADDRESS	530 EAST AVERY ROAD	23 STREET ADDRESS	415 SOUTH FIRST, SUITE 210
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	24 CITY-ST-ZIP	LUFKIN, TX 75901
TITLE		31 TITLE	V — ☐ Change XX Addition
NAME		32 NAME	JACK ROTTMAN
STREET ADDRESS		33 STREET ADDRESS	415 SOUTH FIRST, SUITE 210
CITY-ST-ZIP		34 CITY-ST-ZIP	LUFKIN, TX 75901
TITLE		41 TITLE	V — ☐ Change XX Addition
NAME		42 NAME	BILLY C. WELLS
STREET ADDRESS		43 STREET ADDRESS	415 SOUTH FIRST, SUITE 210
CITY-ST-ZIP		44 CITY-ST-ZIP	LUFKIN, TX 75901
TITLE		51 TITLE	V — ☐ Change XX Addition
NAME		52 NAME	W. CARDON GERNER
STREET ADDRESS		53 STREET ADDRESS	415 SOUTH FIRST, SUITE 210
CITY-ST-ZIP		54 CITY-ST-ZIP	LUFKIN, TX 75901
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	200001518952
STREET ADDRESS		63 STREET ADDRESS	-06/20/95--01034--005
CITY-ST-ZIP		64 CITY-ST-ZIP	****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: W. Cardon Gerner — 6/1/95 — (409) 634-1093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
W. CARDON GERNER