

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 # V32355 (2)

1. Corporation Name

KICLITER FUNERAL HOME, INC.



Principal Place of Business

Mailing Address

517 8TH AVE W  
PALMETTO FL 34221  
US

517 8TH AVENUE WEST  
PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1992

4. FEI Number

65-0327962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1201 S. Orlando Ave.

Suite, Apt. #, etc.

27 Suite 365

City & State

28 Winter Park, FL

Zip

29 32789

Country

30 USA

9. Name and Address of Current Registered Agent

KICLITER, CURTISS  
517 8TH AVENUE W  
PALMETTO FL 34221

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KICLITER, CURTISS C  
STREET ADDRESS 517 8TH AVENUE WEST  
CITY-ST-ZIP PALMETTO FL 34221

TITLE ST ☒ DELETE

NAME KICLITER, CAROL W  
STREET ADDRESS 517 8TH AVENUE WEST  
CITY-ST-ZIP PALMETTO FL 34221

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., # 365  
1.4 CITY-ST-ZIP Winter Park, FL 32789

2.1 TITLE D/VP/AS ☐ Change ☐ Addition

2.2 NAME Brent F. Heffron  
2.3 STREET ADDRESS 1201 S. Orlando Ave., # 365  
2.4 CITY-ST-ZIP Winter Park, FL 32789

3.1 TITLE S ☐ Change ☐ Addition

3.2 NAME CORINNE I. OLVEY  
3.3 STREET ADDRESS 1201 S. Orlando Ave., Ste. 365  
3.4 CITY-ST-ZIP Winter Park, FL 32789

4.1 TITLE T ☐ Change ☐ Addition

4.2 NAME FRANK L. MATASAVAGE  
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 in an attachment with an address.

SIGNATURE

Corinne I. Olvey

4-22-98

407/740-7000

CR2E034 (10/97)