

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 005 ***900.00

DOCUMENT # V32355

1. Corporation Name
KICLITER FUNERAL HOME, INC.

Principal Place of Business
517 8TH AVE W
PALMETTO FL 34221
US

Mailing Address
1201 S ORLANDO AVE
STE 365
WINTER PK FL 32789
US

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
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KNOPKE, K L
1201 S ORLANDO AVE
STE 365
WINTER PK FL 32789

10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM

81 Name

82 Street Address

83

84 City

1200 PINE ISLAND ROAD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Victor Alfano

3/16/99

12. OFFICERS AND DIRECTORS

TITLE PAS
NAME KNOPKE, K L
STREET ADDRESS 1201 S ORLANDO AVE, 365
CITY-ST-ZIP WINTER PK FL 32789

TITLE DVA
NAME HEFFRON, B F
STREET ADDRESS 1201 S ORLANDO AVE, 365
CITY-ST-ZIP WINTER PK FL 32789

TITLE S
NAME OLVEY, C I
STREET ADDRESS 1201 S ORLANDO AVE, 365
CITY-ST-ZIP WINTER P FL 32789

TITLE T
NAME MATASABAGE, F L
STREET ADDRESS 1201 S ORLANDO AVE, 365
CITY-ST-ZIP WINTER PK, 32789

TITLE D
NAME ROWE, W E
STREET ADDRESS 110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP METAIRIE LA 70000

TITLE D
NAME HENICAN, III J P
STREET ADDRESS 110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP METAIRIE LA 70005

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS
1.2 NAME BUDD, KENNETH C.
1.3 STREET ADDRESS 110 VETERANS MEMORIAL BLVD
1.4 CITY-ST-ZIP METAIRIE, LA 70005

2.1 TITLE AS
2.2 NAME TRAHAN, LORALICE A.
2.3 STREET ADDRESS 110 VETERANS MEMORIAL BLVD
2.4 CITY-ST-ZIP METAIRIE, LA 70005

3.1 TITLE D/VP/AS
3.2 NAME HEFFRON, BRENT F.
3.3 STREET ADDRESS 1201 S ORLANDO AVE #365
3.4 CITY-ST-ZIP WINTER PARK, FL 32789

4.1 TITLE T/S
4.2 NAME MATASAVAGE, FRANK L.
4.3 STREET ADDRESS 1201 S ORLANDO AVE #365
4.4 CITY-ST-ZIP WINTER PARK, FL 32789

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 OR PRINTED NAME

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (11/98)

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