FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED AND FILED

9:56

TALLAHASSEE, FLORIDA

DOCUMENT # V49142 (5)

1. Corporate Name
CARNEGIE BURIAL SERVICES, INC.

Principal Place of Business
P.O. BOX 636
WILLISTON FL 32696

Mailing Address
P.O. BOX 636
WILLISTON FL 32696

3. Date Incorporated or Qualified: 07/09/1992
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
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2a. Mailing Address
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29 30

4. FEI Number: 59-3133764
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. Does the corporation have any outstanding debts to the State of Florida? Yes No

9. Name and Address of Current Registered Agent

CARNEGIE, JOSEPH
P.O. BOX 636
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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 and the street address of its registered office and the name of its registered agent are as shown below. The corporation agrees that it will comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. CURRENT OFFICERS AND DIRECTORS

TYPE	PVPT
NAME	CARNEGIE, AL JOSEPH
STREET ADDRESS	P.O. BOX 636 N/A
CITY, ST, ZIP	WILLISTON FL
TYPE	S
NAME	CARNEGIE, ELIZABETH
STREET ADDRESS	P.O. BOX 636 N/A
CITY, ST, ZIP	WILLISTON FL
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TYPE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	Change Addition
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STREET ADDRESS	
CITY, ST, ZIP	
TYPE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, including any changes, is true and accurate and that this report is being filed within the time prescribed by Section 607.0505, Florida Statutes. I further certify that I am an officer or director of the corporation or the agent of the corporation upon whom service may be made and that my name appears above, or on an attached list, with my capacity or title as an officer or director.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0413126 FP