

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
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90044 050 ***150.00

DOCUMENT # 136240

1. Corporation Name

WHIDDEN - MCLEAN FUNERAL HOME, INC.

Principal Place of Business

650 E MAIN ST
BARTOW FL 33831-1020
US

Mailing Address

650 E MAIN ST
PO BOX 1020
BARTOW FL 33831-1020

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCLEAN, DONALD S., JR.
1570 PALM PLACE
BARTOW FL 33830

3. Date Incorporated or Qualified

07/20/1938

4. FEI Number

59-0464463

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

DO NOT WRITE IN THIS SPACE



10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE
NAME WHIDDEN JR, HENRY P
STREET ADDRESS 1390 N. FLORAL
CITY-ST-ZIP BARTOW FL

TITLE VPS ☐ DELETE
NAME MCLEAN, DONALD S JR.
STREET ADDRESS 1570 S. PALM PLACE
CITY-ST-ZIP BARTOW FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PT ☒ Change ☐ Addition
2.2 NAME McLean, Donald S Jr
2.3 STREET ADDRESS 1570 S Palm Place
2.4 CITY-ST-ZIP Bartow, FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VPS
3.3 STREET ADDRESS Marc B. McLean
3.4 CITY-ST-ZIP 220 N. Idlewood Ave
Bartow, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (941) 533-8123
Date Daytime Phone #

CR2E034 (11/98)

0435519