

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Mottman
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 25 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 538125 (6)
1. Corporation Name
EARL G. HODGES FUNERAL CHAPEL, INC.

Principal Place of Business Mailing Address
3520 TAMAMI TRAIL N. NAPLES FL 33940 **4126 NORLAND AVE. BURNABY B.C. CA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1977	3a. Date of Last Report 08/26/1994
21		26		4. FEI Number 59-1830177	Applied For Not Applicable
22 Suits, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, EARL G.	1.2 NAME	
STREET ADDRESS	2140 COACH HOUSE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TIM G	2.2 NAME	officer has ceased
STREET ADDRESS	3520 TAMAMI TRAIL N	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROBERT D	3.2 NAME	
STREET ADDRESS	200 N. FEDERAL HWY.	3.3 STREET ADDRESS	100001467501
CITY - ST - ZIP	POMPANO BCH. FL 33062	3.4 CITY - ST - ZIP	-04/28/95--01005--013
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	4.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BURNABY BC V5G3S-8	4.4 CITY - ST - ZIP	
TITLE	DA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDMAN, PETER S	5.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	5.3 STREET ADDRESS	4/25/95 MS
CITY - ST - ZIP	BURNABY BC V5G32-8	5.4 CITY - ST - ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY L	6.2 NAME	
STREET ADDRESS	800-50 E. RIVERCENTER BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY 41011	6.4 CITY - ST - ZIP	

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)(b), 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 (retiring), or on an attachment with an address.

SIGNATURE: _____ **Peter S. Hyndman** 4/12/95 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR