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95 APR 25 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 637270 (0)
1. Corporation Name
HELM FUNERAL HOME, INC.

Principal Place of Business: **1811 IDLEWILD AVENUE
GREEN COVE SPRINGS FL 32043-3505**
Mailing Address: **4126 NORLAND AVENUE
BURNABY, B.C. V5G 3S8
CN**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/01/1979	07/26/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1945204	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
		V5G 3S8		7. 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			
CT 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	FL	85

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELM, CHARLES LAWRENCE	12 NAME	
STREET ADDRESS	1811 IDLEWILD AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043-3505	14 CITY - ST - ZIP	
TITLE	DA	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDMAN, PETER S	22 NAME	100001467511
STREET ADDRESS	4126 NORLAND AVENUE	23 STREET ADDRESS	-04/28/95 --01005--022
CITY - ST - ZIP	BURNABY, B.C. V5G 3S8	24 CITY - ST - ZIP	****200.00 ****200.00
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUSTIC, FRED	32 NAME	
STREET ADDRESS	1811 IDLEWILD AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043-3305	34 CITY - ST - ZIP	
TITLE	VDA	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROBERT D	42 NAME	
STREET ADDRESS	200 NORTH FEDERAL HIGHWAY	43 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33062	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	52 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	53 STREET ADDRESS	
CITY - ST - ZIP	BURNABY, B.C. V5G 3S8	54 CITY - ST - ZIP	
TITLE	ST	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY L	62 NAME	correction to address
STREET ADDRESS	800- 500 EAST RIVERCENTER BLVD.	63 STREET ADDRESS	800-50 ...
CITY - ST - ZIP	COVINGTON KY 41011	64 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 110.07(3)(k), 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 checked 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 Date Telephone #