

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 25 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F93000002766**
1. Corporation Name

YATES-GOODING FUNERAL HOME, INC.

Principal Place of Business Mailing Address
821 South Main Street 4126 Norland Avenue
Trenton, FL Burnaby, British Columbia
32693 Canada V5G 3S8

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **January 13, 1993** 3a. Date of Last Report **07/12/94**
4. FEI Number **59-3160845** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 **V5G 3S8** 29 **Canada** 30

9. Name and Address of Current Registered Agent

10. Name and Address of Now 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 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 first title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Raymond L. Loewen
STREET ADDRESS	4126 Norland Avenue
CITY - ST - ZIP	Burnaby, B.C., Canada v5G 3S8
TITLE	Director
NAME	Peter S Hyndman
STREET ADDRESS	4126 Norland Avenue
CITY - ST - ZIP	Burnaby, B.C. Canada V5G 3S8
TITLE	Director/V.P./Asst. Secy
NAME	Robert D. Russell
STREET ADDRESS	200 North Federal Highway
CITY - ST - ZIP	Pompano Beach, FL 33062
TITLE	President
NAME	Paul Yates
STREET ADDRESS	821 South Main Street
CITY - ST - ZIP	Trenton, FL 32693
TITLE	Secy/Treas
NAME	F. Duane Schaefer
STREET ADDRESS	4126 Norland Avenue
CITY - ST - ZIP	Burnaby, B.C. Canada V5G 3S8
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY - ST - ZIP	
21 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Addition
22 NAME	001-486801
23 STREET ADDRESS	-04/27/95--01058--005
24 CITY - ST - ZIP	****200.00 ****200.00
31 TITLE	Director, Assistant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Secretary
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TIS 4/25/95
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Gary L. Wright
53 STREET ADDRESS	800-50 E. RiverCentre Boulevard
54 CITY - ST - ZIP	Covington, KY 41011
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 119.07(3)(k), Florida Statutes. I further certify that the information included 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, changed, or on an attachment with an address.

SIGNATURE: **Peter S. Hyndman** 04/18/95 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)