FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000040440 (7)

FLORIDA CREMATION SOCIETY, INC.

FILED Apr 01 1998 8:00am Secretary of State



						£1]{
Principal Place of Business Mailing Address				I ARRIANNY ALIA INDIA MANTH NUMBER NA MANTA NA MANTANA NA MANTA NA MANTANA NA MANTA NA MANTANA NA MANTA NA MANTANA NA	YANI MBARA MAMIN MAHAN MAMIN MEMBAN MMIN TOMI	
20702 W. PENNSYLVANIA P.O. BOX 2047						
DUNNELLON	FL 34430	DUNNELLON FL 34430	UNNELLON FL 34430		DO NOT WRITE	E IN THIS SPACE
					3. Date incorporated or Qualified	IN THIS STACE
ļ					05/25/1994	•
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3259104	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	+		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pe	
24	25	29	30		Personal Property Tax due June	
ļ	9. Name and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of New Re	egistered Agent
	Berts, Kenneth E		- 1	81 Name		
	702 WEST PENNSYLVANIA		1	82 Street	Address (P.O. Box Number is Not Acceptal	ble)
DUNNELLON FL 34430			}	83		
			İ	63		
			Ì	84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statul	es the ab	 ove-named	corporation submits this statement for the	nurnose of changing its registered
office or r	egistered agent, or both, in the State	e of Florida, Such change was	authorized	by the cor	poration's board of directors. I hereby acce	pt the appointment as registered
	in ramiliar with, and accept the oblig	janons of, section 607.0505, Fi	orida Statt	ites.		
SIGNATURE	Signature typed or printed name of registered ag	gent and title if applicable [NOT	E: Registered	Agent signature	e required when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 110	LE		Change Addition
NAME	roberts, kenneth e		1.2 NAI	ME		
STREET ADDRESS	4041 SW 17TH ST		1.3 STF	LEET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		1.4 CIT	Y-ST-ZIP		
TITLE	D	☐ DELE TE	2.1 TITI	.E		Change Addition
NAME	ROBERTS, PATRICIA C		2.2 NA	ИÉ	·	
STREET ADDRESS	4041 SW 17TH ST		2.3 STF	EET ADDRESS		;
CITY-ST-ZIP	OCALA FL 34471		2. 4 01	Y-ST-21P		
TITLE		☐ DELETE	3.1 TITI	.E		☐ Change ☐ Addition
NAME			3.2 NA	AE.		İ
STREET ADDRESS			3.3 STF	EET ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITU	.E		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CIT	r-ST-ZIP		
TITLE		DELETE	5.1 TITU	.E		☐ Change ☐ Addition
NAME			5 2 NA	AE .		[
STREET ADDRESS			5 3 STA	eet address		1
CITY-ST-ZIP			5.4 CIT	-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition
NAME			6.2 NAM	AE .		
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	'-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.

2-20-90

2021/09 21/26