

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000099626

**Entity Name:** FLORIDA FAMILY CREMATIONS, INC.

**Current Principal Place of Business:**

4267 48TH AVE SOUTH  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

4267 48TH AVE SOUTH  
ST. PETERSBURG, FL 33711

**FEI Number:** 47-2538743

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HEYWARD, THOMAS S III  
4267 48TH AVE SOUTH  
ST. PETERSBURG, FL 33711 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name HEYWARD, THOMAS S III  
Address 4267 48TH AVE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33711

Title VP  
Name MENNEKE, DAVID T  
Address 5018 CASILLA WAY SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS HEYWARD

**PRESIDENT**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date