


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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90112 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 317162</b>					
1. Corporation Name <b>FUNERAL SERVICES, INC.</b>					
Principal Place of Business <b>1200 THOMASVILLE RD. TALLAHASSEE FL 32303</b>			Mailing Address <b>P.O. BOX 13407 TALLAHASSEE FL 32317</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>05/23/1967</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1205307</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired - <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>IRWIN, HARRIET C 1200 THOMASVILLE RD. TALLAHASSEE FL 32303</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	TOALE, DAVID V.				
STREET ADDRESS	40 N. ORANGE AVENUE				
CITY-ST-ZIP	SARASOTA FL				
TITLE	VCOB <input type="checkbox"/> DELETE				
NAME	QUATTLEBAUM, G. EARL				
STREET ADDRESS	1201 S. OLIVE AVENUE				
CITY-ST-ZIP	WEST PALM BEACH FL				
TITLE	COBD <input type="checkbox"/> DELETE				
NAME	BEGGS, ASHLEY P.				
STREET ADDRESS	301 N. ORANGE STREET				
CITY-ST-ZIP	MADISON FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	SOUTHERLAND, W. STEVE				
STREET ADDRESS	100 E 19TH STREET				
CITY-ST-ZIP	PANAMA CITY FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	STANFILL, STEVE L.				
STREET ADDRESS	10545 S. DIXIE HIGHWAY				
CITY-ST-ZIP	MIAMI FL				
TITLE	P <input type="checkbox"/> DELETE				
NAME	IRWIN, HARRIET				
STREET ADDRESS	1200 THOMASVILLE ROAD				
CITY-ST-ZIP	TALLAHASSEE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

*Harriet Irwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date

850 4251340

Daytime Phone #

CR2E034 (11/98)

PROFIT  
CORPORATION  
ANNUAL REPORT  
YEAR: 1999

DOCUMENT # 31762 (6)

1. Corporation Name:  
FUNERAL SERVICES, INC.

2. Principal Place of Business:

FUNERAL SERVICES, INC.  
1200 Thomasville Road  
Tallahassee, FL 32303

2a. Mailing Address:

P.O. Box 32317  
Tallahassee, FL 32317

3. Date Incorporated or Qualified:

5/23/67

4. FEI Number:

59-1205307

9. Name and Address of Current Registered Agent:

Irwin, Harriet C.  
1200 Thomasville Road  
Tallahassee, FL 32303

12. OFFICERS AND DIRECTORS:

Title D  
Name TOALE, DAVID V.  
St. Address 40 N. Orange Avenue  
City-St-Zip Sarasota, FL 34236

☐ DELETE

Title VCOB/D  
Name QUATTLEBAUM, EARL  
St. Address 1201 S. Olive Avenue  
City-St-Zip West Palm Beach, FL

☐ DELETE

Title COB/D  
Name BEGGS, ASHLEY P.  
St. Address 301 N. Orange Street  
City-St-Zip Madison, FL 32340

☐ DELETE

Title D  
Name SOUTHERLAND, W. STEVE  
St. Address 100 East 19th Street  
City-St-Zip Panama City, FL 32405

☒ DELETE

Title D  
Name STANFILL, STEVE L.  
St. Address 10545 South Dixie Highway  
City-St-Zip Miami, FL 33156

☐ DELETE

Title P  
Name IRWIN, HARRIET  
St. Address 1200 Thomasville Road  
City-St-Zip Tallahassee, FL 32303

☐ DELETE

13. ADDITIONS/CHANGES & DIRECTORS IN 12

Title ☐ Change ☐ Addition  
Name  
St. Address  
City-St-Zip

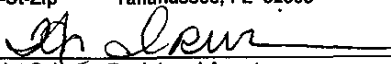
Title ☐ Change ☐ Addition  
Name  
St. Address  
City-St-Zip

Title ☐ Change ☐ Addition  
Name  
St. Address  
City-St-Zip

Title ☐ Change ☐ Addition  
Name  
St. Address  
City-St-Zip

Title ☐ Change ☐ Addition  
Name  
St. Address  
City-St-Zip

Title P/T ☒ Change ☐ Addition  
Name  
St. Address  
City-St-Zip

  
Harriet C. Irwin, Registered Agent

Date:

3-30-99

(850) 425-1340

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1. Corporation Name:  
FUNERAL SERVICES, INC.

Title	VP/CIO	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Skinner, J. Robin		Name		
St. Address	1200 Thomasville Road		St. Address		
City-St-Zip	Tallahassee, FL 32303		City-St-Zip		
Title	AVP	<input type="checkbox"/> DELETE	Title	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Whitfield, Meiko H.		Name		
St. Address	1200 Thomasville Road		St. Address		
City-St-Zip	Tallahassee, FL 32303		City-St-Zip		
Title	S/T	<input checked="" type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Bryant, Jr., Sterling A.		Name		
St. Address	1200 Thomasville Road		St. Address		
City-St-Zip	Tallahassee, FL 32303		City-St-Zip		
Title	D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Black, Joanne H.		Name		
St. Address	103 Broadway		St. Address		
City-St-Zip	Daytona Beach, FL 32018		City-St-Zip		
Title	D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Brown, Charles M.		Name		
St. Address	5624 26th Street W.		St. Address		
City-St-Zip	Bradenton, FL 34207		City-St-Zip		
Title	D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Farley, David, P.		Name		
St. Address	265 South Nokomis Avenue		St. Address		
City-St-Zip	Venice, FL 34285		City-St-Zip		
Title	D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Ralph, Judith C.		Name		
St. Address	7001 Northwest 4th St.		St. Address		
City-St-Zip	Plantation, FL 33317		City-St-Zip		
Title	D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Roberson, Kenneth L.		Name		
St. Address	2151 Tamiami Trail		St. Address		
City-St-Zip	Port Charlotte, FL 33592		City-St-Zip		

  
Harriet C. Irwin, Registered Agent

Date:

3-29-99

(850) 425-1340