


**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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 317162**  
 1. Corporation Name  
**FUNERAL SERVICES, INC.**

Principal Place of Business: 1200 THOMASVILLE RD. TALLAHASSEE FL 32303  
 Mailing Address: P.O. BOX 13407 TALLAHASSEE FL 32317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date incorporated or Qualified: 05/23/1967  
 4. FEI Number: 59-1205307 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**IRWIN, HARRIET C**  
**1200 THOMASVILLE RD.**  
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOALE, DAVID V.                      | 1.2 NAME  |   |
| STREET ADDRESS             | 40 N. ORANGE AVENUE                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SARASOTA FL                          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VCOB <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUATTLEBAUM, G. EARL                 | 2.2 NAME  |   |
| STREET ADDRESS             | 1201 S. OLIVE AVENUE                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | COBD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BEGGS, ASHLEY P.                     | 3.2 NAME  |   |
| STREET ADDRESS             | 301 N. ORANGE STREET                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MADISON FL                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SOUTHERLAND, W. STEVE                | 4.2 NAME  |   |
| STREET ADDRESS             | 100 E 19TH STREET                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PANAMA CITY FL                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STANFILL, STEVE L.                   | 5.2 NAME  |   |
| STREET ADDRESS             | 10545 S. DIXIE HIGHWAY               | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                             | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | IRWIN, HARRIET                       | 6.2 NAME  |   |
| STREET ADDRESS             | 1200 THOMASVILLE ROAD                | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL                       | 6.4 CITY-ST-ZIP                                       |   |

*See attached*

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED**  
 Date: 3-30-99 Daytime Phone #: 850 4251340

CR2E034 (11/98)

PROFIT CORPORATION ANNUAL REPORT YEAR: 1999

317162  
28315190112.45

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:

13. ADDITIONS/CHANGES & DIRECTORS IN 12

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

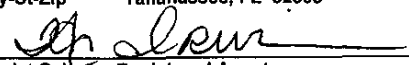
Title VCOB/D [ ] DELETE Title [ ] Change [ ] Addition Name QUATTLEBAUM, EARL St. Address 1201 S. Olive Avenue City-St-Zip West Palm Beach, FL

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

Title D [X] DELETE Title [ ] Change [ ] Addition Name SOUTHERLAND, W. STEVE St. Address 100 East 19th Street City-St-Zip Panama City, FL 32405

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

Title P [ ] DELETE Title P/T [X] Change [ ] Addition Name IRWIN, HARRIET St. Address 1200 Thomasville Road City-St-Zip Tallahassee, FL 32303

  
Harriet C. Irwin, Registered Agent

Date: 3-30-99 (850) 425-1340

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PROFIT CORPORATION  
ANNUAL REPORT  
YEAR: 1999

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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       | AVP/S                    | <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