

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90200 015 ***150.00

DOCUMENT # 430196

1. Corporation Name

FLORIDA FUNERAL DIRECTORS SERVICES, INC.

Principal Place of Business

502 E JEFFERSON ST
P.O. 6009
TALLAHASSEE FL 32314

Mailing Address

502 E JEFFERSON ST
P.O. 6009
TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1973

4. FEI Number

59-1471814

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RITTER, L H
502 E JEFFERSON ST
TALL FL 32301

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:

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 VP
NAME CORN, THOMAS G.
STREET ADDRESS 504 E JEFFERSON AVE
CITY-STATE-ZIP BROOKSVILLE FL

☐ DELETE

TITLE ST
NAME MCQUEEN, JOHN T.
STREET ADDRESS 2201 NINTH ST N
CITY-STATE-ZIP ST PETERSBURG FL

☐ DELETE

TITLE P
NAME CURRAN, HUGH M. III
STREET ADDRESS 506 S FED HWY
CITY-STATE-ZIP STUART FL

☐ DELETE

TITLE PE
NAME PROBST, JEFFREY L.
STREET ADDRESS 3411 US 801
CITY-STATE-ZIP ELLENTON FL

☐ DELETE

TITLE D
NAME BEGGS, WILLIAM T.
STREET ADDRESS 3322 APALACHEE PKWY
CITY-STATE-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D
NAME RAMMSDELL, ROBERT E.
STREET ADDRESS 2811 E CURRY FORD RD
CITY-STATE-ZIP ORLANDO FL

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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Change

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Addition

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Addition

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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

Louis H. Ritter - LOUIS H. RITTER

4/28/99

850/224-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/98)