

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 437895 (6)**

1. Corporation Name  
**TRUSTED FUNERAL PLANS, INC.**

Principal Place of Business <b>1200 THOMASVILLE RD.                  TALLAHASSEE FL 32303</b>	Mailing Address <b>P.O. BOX 13407                  TALLAHASSEE FL 32317</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/09/1973**

4. FEI Number  
**59-1525044**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

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	<b>COBD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOALE, DAVID V.</b>	1.2 NAME	
STREET ADDRESS	<b>40 N. ORANGE AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>COBD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUATTLEBAUM, G. EARL</b>	2.2 NAME	
STREET ADDRESS	<b>1201 S. OLIVE AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEGGS, ASHLEY P.</b>	3.2 NAME	
STREET ADDRESS	<b>301 N. ORANGE STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RALEY, L. CURRY</b>	4.2 NAME	
STREET ADDRESS	<b>404 W. PALMETTO ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANFILL, STEVE L.</b>	5.2 NAME	
STREET ADDRESS	<b>10545 S. DIXIE HWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERSON, KENNETH L.</b>	6.2 NAME	
STREET ADDRESS	<b>2151 TAMiami TRAIL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	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.

SIGNATURE: *[Signature]* 4-21-98 850 475 1340

CR2E034 (10/97)

PROFIT CORPORATION  
ANNUAL REPORT  
YEAR: 1998

DOCUMENT # 437896 (6)

1. Corporation Name:  
TRUSTED FUNERAL PLANS, INC.

2. Principal Place of Business:  
1200 Thomasville Road  
Tallahassee, FL 32303

2a. Mailing Address:  
P.O. BOX 13407  
Tallahassee, FL 32317

3. Date Incorporated or Qualified:  
10/9/73

4. FEI Number:  
69-1625044

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	GOBD	<input type="checkbox"/> DELETE	Title	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	TOALE, DAVID V.		Name			
St. Address	40 N. Orange Avenue		St. Address			
City-St-Zip	Sarasota, FL 34236		City-St-Zip			
Title	GOBD	<input checked="" type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	QUATTLEBAUM, EARL		Name			
St. Address	1201 S. Olive Avenue		St. Address			
City-St-Zip	West Palm Beach, FL		City-St-Zip			
Title	D	<input checked="" type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	BEGGS, ASHLEY P.		Name			
St. Address	301 N. Orange Street		St. Address			
City-St-Zip	Madison, FL 32340		City-St-Zip			
Title	D	<input checked="" type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	RALEY, L. CURRY		Name			
St. Address	404 W. Palmetto Street		St. Address			
City-St-Zip	Vaughula, FL		City-St-Zip			
Title	D	<input checked="" type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	STANFILL, STEVE L.		Name			
St. Address	10545 South Dixie Highway		St. Address			
City-St-Zip	Miami, FL 33156		City-St-Zip			
Title	D	<input checked="" 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			
Title	P	<input type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	IRWIN, HARRIET		Name			
St. Address	1200 Thomasville Road		St. Address			
City-St-Zip	Tallahassee, FL 32303		City-St-Zip			
Title	S	<input type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	BRYANT, STERLING, JR.		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 checked="" type="checkbox"/> Addition
Name	CREEDY, ALAN		Name			
St. Address	400 Oberlin Road		St. Address			
City-St-Zip	Raleigh, NC 27605		City-St-Zip			

PLEASE NOTE\*\*\* The only Directors and Officers for Trusted Funeral Plans, Inc are the (4) outlined. All others are to be deleted.

*Harriet Irwin*  
Registered Agent

4/28/98

850 425 1340