

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **437895** (6)
1. Corporation Name
TRUSTED FUNERAL PLANS, 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		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1525044	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
IRWIN, HARRIET C 1200 THOMASVILLE RD. TALLAHASSEE FL 32303				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	COBO <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	COBO <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	D <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	RALEY, L. CURRY	4.2 NAME	
STREET ADDRESS	404 W. PALMETTO ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA 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 HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, KENNETH L.	6.2 NAME	
STREET ADDRESS	2151 TAMiami TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	

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]*

4-21-98 850 425 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:

69-1626044

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 Name St. Address City-St-Zip	COBD TOALE, DAVID V. 40 N. Orange Avenue Sarasota, FL 34236	<input type="checkbox"/> DELETE	Title Name St. Address City-St-Zip	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name St. Address City-St-Zip	COBD QUATTLEBAUM, EARL 1201 S. Olive Avenue West Palm Beach, FL	<input checked="" type="checkbox"/> DELETE	Title Name St. Address City-St-Zip	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name St. Address City-St-Zip	D BEGGS, ASHLEY P. 301 N. Orange Street Madison, FL 32340	<input checked="" type="checkbox"/> DELETE	Title Name St. Address City-St-Zip	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name St. Address City-St-Zip	D RALEY, L. CURRY 404 W. Palmetto Street Wauchula, FL	<input checked="" type="checkbox"/> DELETE	Title Name St. Address City-St-Zip	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name St. Address City-St-Zip	D STANFILL, STEVE L. 10545 South Dixie Highway Miami, FL 33156	<input checked="" type="checkbox"/> DELETE	Title Name St. Address City-St-Zip	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name St. Address City-St-Zip	D ROBERSON, KENNETH L. 2161 Tamiami Trail Port Charlotte, FL 33592	<input checked="" type="checkbox"/> DELETE	Title Name St. Address City-St-Zip	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name St. Address City-St-Zip	P IRWIN, HARRIET 1200 Thomasville Road Tallahassee, FL 32303	<input type="checkbox"/> DELETE	Title Name St. Address City-St-Zip	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name St. Address City-St-Zip	S BRYANT, STERLING, JR. 1200 Thomasville Road Tallahassee, FL 32303	<input type="checkbox"/> DELETE	Title Name St. Address City-St-Zip	 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name St. Address City-St-Zip	D CREEDY, ALAN 400 Oberlin Road Raleigh, NC 27605	<input type="checkbox"/> DELETE	Title Name St. Address City-St-Zip	 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

Mr. Irwin
Registered Agent

4/28/98

850 425 1340