

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

**DOCUMENT # 437895**

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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90090 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/09/1973**

4. FEI Number

**59-1525044**

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

**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

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 ☐ DELETE  
NAME **D TOALE, DAVID V.**  
STREET ADDRESS **40 N. ORANGE AVENUE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE  
NAME **P IRWIN, HARRIET**  
STREET ADDRESS **1200 THOMASVILLE RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☒ DELETE  
NAME **S BRYANT, JR. S**  
STREET ADDRESS **1200 THOMASVILLE RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE  
NAME **D CREEDY, ALAN**  
STREET ADDRESS **400 OBERIN RD**  
CITY-ST-ZIP **RALEIGH NC 27605**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-99**

**850 425 1340**

Date

Daytime Phone #

CR2E034 (11/98)

437895  
29553490090.28

PROFIT  
CORPORATION  
ANNUAL REPORT  
YEAR: 1999

DOCUMENT # 437895 (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:

OLD: 59-1525044

\*\*\*PLEASE NOTE CHANGE:

IRS had reassigned us a  
new FEI number. Please  
change to New Number:

9. Name and Address of Current Registered Agent:

NEW: 59-3525582

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

13. ADDITIONS/CHANGES & DIRECTORS IN 12

Title  
Name  
St. Address  
City-St-Zip

☐ Change ☐ Addition

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

☐ DELETE

Title  
Name  
St. Address  
City-St-Zip

☐ Change ☐ Addition

Title S  
Name BRYANT, STERLING, JR.  
St. Address 1200 Thomasville Road  
City-St-Zip Tallahassee, FL 32303

☒ DELETE

Title  
Name  
St. Address  
City-St-Zip

☐ Change ☐ Addition

Title D  
Name CREEDEY, ALAN  
St. Address 400 Oberlin Rd.  
City-St-Zip Raleigh, NC 27605

☐ DELETE

Title  
Name  
St. Address  
City-St-Zip

☒ Change ☐ Addition

1300 St. Mary's Street, Ste 500

Title  
Name  
St. Address  
City-St-Zip

☐ DELETE

Title  
Name  
St. Address  
City-St-Zip

☐ Change ☒ Addition

S  
WHITFIELD, MEIKO H.  
1200 Thomasville Road  
Tallahassee, FL 32303

Harriet C. Irwin, Registered Agent

Date:

4-1-99

(850) 425-1340