

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

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

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/09/1973

4. FEI Number  
59-1525044 *See attached*

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
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: *Harriet C Irwin* REQUIRED  
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

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

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

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

13. ADDITIONS/CHANGES & DIRECTORS IN 12

DELETE Title Name St. Address City-St-Zip Change Addition

DELETE Title Name St. Address City-St-Zip Change Addition

X DELETE Title Name St. Address City-St-Zip Change Addition

DELETE Title Name St. Address City-St-Zip X Change Addition 1300 St. Mary's Street, Ste 500

DELETE Title S Name WHITFIELD, MEIKO H. St. Address 1200 Thomasville Road City-St-Zip Tallahassee, FL 32303 Change X Addition

Harriet C. Irwin, Registered Agent

Date: 4-1-99 (850) 425-1340