

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

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 603637 (0)

1. Corporation Name
THOMAS J. BRETT FUNERAL HOME, INC.

Principal Place of Business
4810 CENTRAL AVE
ST. PETERSBURG FL 33711-1044

Mailing Address
4810 CENTRAL AVE
ST. PETERSBURG FL 33711-1044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1972	
21 Suite, Apt #, etc	22 City & State	26 Suite, Apt #, etc	27 City & State	4. FEI Number 59-1402468	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent BRETT, TIMOTHY T 4810 CENTRAL AVE. ST PETERSBURG FL 33711				10. Name and Address of New Registered Agent	
				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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BRETT, TIMOTHY T.	1.2 NAME	
STREET ADDRESS	4810 CENTRAL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	SDT	2.1 TITLE	
NAME	BRETT, TERRENCE E.	2.2 NAME	
STREET ADDRESS	4810 CENTRAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BRETT, GAIL W	3.2 NAME	
STREET ADDRESS	4810 CENTRAL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Gail W. Brett

3-3-98

813-321-3321

CR2E034 (10/97)