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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **619319** **(7)**

1. Corporation Name

ADAMS FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
1115 HIGHWAY 71 NORTH BLOUNTSTOWN FL 32424	4126 NORLAND AVE. BURNABY BC V5G -3S8 CA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/30/1979**	3a. Date of Last Report: **07/26/1994**
4. FEI Number: **59-1925997**	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ADAMS, J. THOMAS	12 NAME	
STREET ADDRESS	832 FIFTH STREET	13 STREET ADDRESS	
CITY ST ZIP	BLOUNTSTOWN FL 32424	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LOEWEN, RAYMOND L	22 NAME	400001467524
STREET ADDRESS	4126 NORLAND AVENUE	23 STREET ADDRESS	-04/28/95--01006--009
CITY ST ZIP	BURNABY BC V5G -3S8	24 CITY ST ZIP	****200.00 ****200.00
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	ADAMS, TIM	32 NAME	
STREET ADDRESS	832 FIFTH STREET	33 STREET ADDRESS	
CITY ST ZIP	BLOUNTSTOWN FL 32424	34 CITY ST ZIP	
TITLE	DVAS	41 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, ROBERT D	42 NAME	
STREET ADDRESS	200 NORTH FEDERAL HIGHWAY	43 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33062	44 CITY ST ZIP	
TITLE	ST	51 TITLE	☒ Change ☐ Addition
NAME	WRIGTH GARY L.	52 NAME	correction to last name
STREET ADDRESS	600-50 EAST RIVERCENTER BLVD.	53 STREET ADDRESS	WRIGHT
CITY ST ZIP	COVINGTON KY 41011	54 CITY ST ZIP	
TITLE	DAS	61 TITLE	☐ Change ☐ Addition
NAME	HYNDMAN PETER S.	62 NAME	4/25/95 MB
STREET ADDRESS	4126 NORLAND AVE.	63 STREET ADDRESS	
CITY ST ZIP	BURNABY BC V5G3S-8	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Peter S. Hyndman 4/12/95 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040472 (N