


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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 010 ***900.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 672729

1. Corporation Name
HUBBELL FUNERAL HOME AND CREMATORY, INC.

Principal Place of Business 449 N. INDIAN ROCKS ROAD C/O STELLA M. HUBBELL BELLEAIR BLUFFS FL 34640-2014	Mailing Address 1201 SO. ORLANDO AVE. SUITE 365 WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 05/28/1980	
		4. FEI Number 59-2145422		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent KNOPKE, KEENAN L 1201 SO. ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789				10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address 1200 PINE ISLAND ROAD 83 84 City PLANTATION, FL 33324	

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

Victor Alfano
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWE, WILLIAM E	1.2 NAME	MATASAVAGE, FRANK L.
STREET ADDRESS	110 VETERANS BLVD.	1.3 STREET ADDRESS	1201 S ORLANDO AVE #365
CITY-ST-ZIP	METAIRIE LA	1.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENICAN, JOSEPH P	2.2 NAME	BUDE, KENNETH C.
STREET ADDRESS	110 VETERANS BLVD.	2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP	METAIRIE LA	2.4 CITY-ST-ZIP	METAIRIE, LA 70005
TITLE	DEVP <input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEFFRON, BRENT E	3.2 NAME	TRAHAN, LORALICE A.
STREET ADDRESS	1201 SO. ORLANDO AVE., STE. 365	3.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	METAIRIE, LA 70005
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/VP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFRON, BRENT E	4.2 NAME	HEFFRON, BRENT F.
STREET ADDRESS	1201 SO. ORLANDO AVE., STE. 365	4.3 STREET ADDRESS	1201 S ORLANDO AVE #365
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	P/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOPKE, KEENAN L	5.2 NAME	KNOPKE, KEENAN L.
STREET ADDRESS	1201 SO. ORLANDO AVE., STE. 365	5.3 STREET ADDRESS	1201 S ORLANDO AVE #365
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLVEY, CORINNE I	6.2 NAME	HENICAN, JOSEPH P. III
STREET ADDRESS	1201 SO. ORLANDO AVE., STE. 365	6.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP	WINTER PARK FL 32789	6.4 CITY-ST-ZIP	METAIRIE, LA 70005

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 of 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 answered.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (11/98)