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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001516 (1)

1. Corporation Name

AMERICAN BURIAL AND CREMATION CENTERS, INC.



Principal Place of Business
800-50 E. RIVER CENTER BLVD.
COVINGTON KY 41011

Mailing Address
800-50 E. RIVER CENTER BLVD.
COVINGTON KY 41011

3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

n/a

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

4126 Norland Avenue

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

-APPLIED FOR- 61-1300771

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

9. Name and Address of Current Registered Agent

C T 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

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 P
ASHBY, R K
STREET ADDRESS 50 E. RIVER CENTER BLVD., #800
CITY- ST- ZIP COVINGTON KY 41011

TITLE ☐ DELETE

NAME ST
RHYNE, MARK
STREET ADDRESS 50 E. RIVER CENTER BLVD., #800
CITY- ST- ZIP COVINGTON KY 41011

TITLE ☐ DELETE

NAME SD
HYNDMAN, PETER S
STREET ADDRESS 4126 NORLAND AVE.
CITY- ST- ZIP BURNABY BC CANADA V5G -358

TITLE ☐ DELETE

NAME T
BIRCH, TIMOTHY A
STREET ADDRESS 22 ANTLER LANE
CITY- ST- ZIP WILTON CT 06897

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 D ☐ Change ☒ Addition

1.2 NAME Raymond L. Loewen
1.3 STREET ADDRESS 4126 Norland Avenue
1.4 CITY- ST- ZIP Burnaby, B.C. Canada V5G 3S8

2.1 TITLE P ☐ Change ☒ Addition

2.2 NAME Thomas E. Stilgenbauer
2.3 STREET ADDRESS 800-50 E. RiverCenter Blvd.
2.4 CITY- ST- ZIP Covington, KY 41011

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME Kenneth E. Lee, Jr.
3.3 STREET ADDRESS 3190 Tremont Avenue
3.4 CITY- ST- ZIP Trevoise, PA 19053-6693

4.1 TITLE AS (not T) ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 800-50 E. RiverCenter Blvd.
4.4 CITY- ST- ZIP Covington, KY 41011

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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:

Peter S. Hyndman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date

(604) 299-9321

Daytime Phone #

0527509

CR2E034 (9/96)