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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G44000** (9)

1. Corporation Name

JOE P. BURNS FUNERAL HOME, INC.

Principal Place of Business

Mailing Address

**JOE P. BURNS, JR.
1400 JOHNSON STRIPLING ROAD
PERRY FL 32347**

**4126 NORLAND AVENUE
BURNABY, B.C. V5G 3S8
CN**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/16/1983** 3a. Date of Last Report **07/26/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2300628

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **BURNS, JOE P JR**
STREET ADDRESS **582 E ASH ST**
CITY- ST- ZIP **PERRY FL**

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

000001467510

TITLE **DVA**
NAME **RUSSELL, ROBERT**
STREET ADDRESS **200 NORTH FEDERAL HWY**
CITY- ST- ZIP **POMPANO BEACH FL 33062**

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

-04/28/95--010095-021 Addition
******200.00 ****200.00**

TITLE **V**
NAME **BURNS, BARBARA JOE**
STREET ADDRESS **1400 JOHNSON STRIPLING ROAD**
CITY- ST- ZIP **PERRY FL 32347**

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

TITLE **D**
NAME **LOEWEN, RAYMOND L**
STREET ADDRESS **4126 NORLAND AVENUE**
CITY- ST- ZIP **BURNABY, B.C. V5G 3S8**

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

4/26/95 MS

TITLE **DA**
NAME **HYNDMAN, PETER S.**
STREET ADDRESS **4126 NORLAND AVENUE**
CITY- ST- ZIP **BURNABY B.C. V5G 3S8**

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

TITLE **ST**
NAME **WRIGHT, GARY L**
STREET ADDRESS **800- 500 EAST RIVERCENTER BLVD.**
CITY- ST- ZIP **COVINGTON KY 41011**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

correction to address
800-50 ...

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)(a), Florida Statutes. I do hereby 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 checked. I am attaching 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

Telephone Number