FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **G77124** **(7)**

1. Corporation Name

SHERRILL-GUERRY FUNERAL HOME, INC.

Principal Place of Business
616 S. MARION STREET
LAKE CITY FL 32055
US

Mailing Address
4126 NORLAND AVE.
BURNABY BC V5G3G-858
CA

3. Date Incorporated or Qualified: 01/03/1984
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24: 32056
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29: V5G 3S8
Country — 30

4. FEI Number: 59-2471876 — 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 XX No

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	GUERRY, THEODORE L., SR.		1.2 NAME	GUERRY, THEODORE L., JR.	
STREET ADDRESS	616 S. MARION ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP	ZIP = 32056	
TITLE	DVA	☐ DELETE	2.1 TITLE	PVAS	☒ Change ☐ Addition
NAME	RUSSELL, ROBERT D		2.2 NAME		
STREET ADDRESS	200 NORTH FEDERAL HWY.		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOEWEN, RAYMOND L		3.2 NAME		
STREET ADDRESS	4126 NORLAND AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BURNABY BC V5G -3S8		3.4 CITY-ST-ZIP		
TITLE	DA	☐ DELETE	4.1 TITLE	DAS	☒ Change ☐ Addition
NAME	HYNDMAN, PETER S		4.2 NAME		
STREET ADDRESS	4126 NORLAND AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BURNABY BC V5G -3S8		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT GARY L.		5.2 NAME		
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	COVINGTON KY 41011		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

900001794769
-04/25/96--01071--025
***200.00

JV 4-25

CR2E034 (12/95)

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 MARCH 19, 1996 (604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #