

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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-8S8 CA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1984	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2471876		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	GUERRY, THEODORE L., JR.	1.2 NAME	JEFFREY L. CASHNER
STREET ADDRESS	616 S. MARION ST.	1.3 STREET ADDRESS	801 TEAS ROAD
CITY-ST-ZIP	LAKE CITY FL 32056	1.4 CITY-ST-ZIP	CONROE, TX 77303
TITLE	PVAS	2.1 TITLE	PD
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	3.1 TITLE	AS
NAME	LOEWEN, RAYMOND L	3.2 NAME	PAUL HART
STREET ADDRESS	4126 NORLAND AVE.	3.3 STREET ADDRESS	3190 TREMONT AVENUE
CITY-ST-ZIP	BURNABY BC V5G -3S8	3.4 CITY-ST-ZIP	TREVOSE, PA 19053-6693
TITLE	DAS	4.1 TITLE	
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	5.1 TITLE	
NAME	ROLLINGS, GREGORY K	5.2 NAME	
STREET ADDRESS	681 NORTH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JONESBORO GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 03/23/98 (604) 299-9321

CR2E034 (10/97)