

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H44739 (1) 1. Corporation Name BAY AREA CREMATORY, INC.			
Principal Place of Business 5862 ULMERTON ROAD CLEARWATER FL 34620-3940		Mailing Address 499 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 34640 US	
2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/27/1985		3a. Date of Last Report 06/19/1995	
4. FEI Number 59-2496327		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 HUBBELL, GERALD B. 499 NORTH INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33540		10. Name and Address of New Registered Agent 81 Name Gerald C. Hubbell 82 Street Address (P.O. Box Number is Not Acceptable) 499 N. Indian Rocks Road 83 84 City Belleair Bluffs, FL 85 Zip Code 34640	
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 <i>Gerald C. Hubbell</i> Gerald C. Hubbell, D P 6/19/96 Signature typed or printed name of registered agent and chief officer (NOTE: Registered Agent signature required when beneficial.)			
12. OFFICERS AND DIRECTORS 11 TITLE ☒ DELETE NAME HUBBELL, GERALD B. STREET ADDRESS 5862 ULMERTON RD CITY-ST-ZIP CLEARWATER FL 12 TITLE ☐ DELETE NAME HUBBELL, STELLA M. STREET ADDRESS 5862 ULMERTON RD. CITY-ST-ZIP CLEARWATER FL 13 TITLE ☐ DELETE NAME HUBBELL, GERALD C STREET ADDRESS 499 N. INDIAN ROCKS RD. CITY-ST-ZIP BELLEAIR BLUFFS FL 14 TITLE ☐ DELETE NAME FERM, KEVIN A STREET ADDRESS 499 N. INDIAN ROCKS ROAD CITY-ST-ZIP BELLEAIR BLUFFS FL 15 TITLE ☐ DELETE NAME FERM, MELINDA M STREET ADDRESS 499 N. INDIAN ROCKS RD CITY-ST-ZIP BELLEAIR BLUFFS FL 16 TITLE ☐ DELETE NAME HUBBELL, MELISSA R STREET ADDRESS 499 N. INDIAN ROCKS ROAD CITY-ST-ZIP BELLEAIR BLUFFS FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ☒ Change ☐ Addition NAME DP STREET ADDRESS Gerald C. Hubbell CITY-ST-ZIP 499 N. Indian Rocks Rd 34640 12 TITLE ☒ Change ☐ Addition NAME DV STREET ADDRESS Kevin A. FERM CITY-ST-ZIP 499 N. Indian Rocks Rd 13 TITLE ☐ Change ☐ Addition NAME Belleair Bluffs, FL. 34640 14 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 15 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 16 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 17 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>Stella M. Hubbell</i> Stella M. Hubbell S/T 6-19-96 813-584-7671 Signature typed or printed name of signing officer or director			

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