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May 06 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 # J65460 (4)  
1. Corporation Name  
FUNERAL SERVICES ACQUISITION GROUP, INC.



Principal Place of Business Mailing Address  
3100 CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308  
US 4126 NORLAND AVENUE  
BURNABY, B.C. CANADA V5G3S8

3. Date Incorporated or Qualified 04/03/1987 3a. Date of Last Report 05/10/1996  
4. FEI Number 59-2803276 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME MILLER, LAWRENCE  
STREET ADDRESS 3190 TREMONT AVENUE  
CITY - ST - ZIP TREVOSE PA 19053  
TITLE STD ☒ DELETE  
NAME WATSON, AM BRUCE  
STREET ADDRESS 800-50 EAST RIVERCENTER BLVD  
CITY - ST - ZIP COVINGTON KY 41011  
TITLE V ☐ DELETE  
NAME SHANE, WILLIAM B  
STREET ADDRESS 3190 TREMONT AVENUE  
CITY - ST - ZIP TREVOSE PA 19053  
TITLE V ☐ DELETE  
NAME MATHEWES, J.C. OGIER  
STREET ADDRESS 3100 CAPITAL CIRCLE, NE  
CITY - ST - ZIP TALLAHASSEE FL 32308  
TITLE VAS ☐ DELETE  
NAME GRAY, PETER  
STREET ADDRESS 3190 TREMONT AVENUE  
CITY - ST - ZIP TREVOSE PA 19053  
TITLE AS ☐ DELETE  
NAME HYNDMAN, PETER S  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY - ST - ZIP BURNABY, B.C. CANADA V5G3S8

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME ST  
2.3 STREET ADDRESS Timothy A. Birch  
2.4 CITY - ST - ZIP 800-50 E. RiverCenter Blvd.  
Covington, KY 41011  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME D  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
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 a 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 as an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4/28/97

(604) 293-6425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)