PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # **K79698**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 004 ***900.00

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TURNER	CREMATORY, INC.				
Principal Place	of Business	Mailing Address			BINTE MINIS HINES NINGS NEWS SERVICE
14360 SPRING I SPRING HILL FI US	HILL DR.	1201 S ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789 US		DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 0.4/12/1000	S SPACE
		To Mailing Address		04/12/1989 4. FEI Number	Applied For
· ·	lace of Business	2a. Mailing Address		59-2992267	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	·	27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year l	ntangible □Yes ™ No
24	25	29 30 Serieta and Ament	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81 Name		
KNO	PKE, KEENAN L		oi maine	CT CORPORATION SY	21EM
1201 S ORLANDO AVENUE		1200 PINE ISLAND RO	4D		
	E 365		83		
AAIIA	TER PARK FL 32789		84 City	PLANTATION, FL 33324	4
44 Purcuant	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 n	egistered grent, or both, in the State	lorida. Such change was auth	nonzed by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	ointment as registered
agent. Fai	m familiar with, and accept the obligation	of, Section 607.0505, Florid	a Statutes.	110000 3111	-199
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Agent signature re	coursed when reinstating) DATE	51 11
12.	OFFICEBS AND		1 3.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PAS	☐ DELETE	1.1 TITLE	AS	☐ Change
NAME	KNOPKE, KEENAN L		1.2 NAME	TRAHAN, LORALICE A.	
STREET ADDRESS 1201 S ORLANDO AVENUE, SUITE 365		1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD		
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	METAIRIE, LA 70005	
TITLE	DVPS	☐ DELETE	2.1 TITLE	D	Change Addition
NAME	HEFFRON, BRENT F		2.2 NAME	HENICAN, JOSEPH P. III	
STREET ADDRESS	1201 S ORLANDO AVENUE, SU	ITE 365	2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	WINTER PARK FL 32789		2. 4 CITY-ST-ZIP	METAIRIE, LA 70005	<u>, </u>
TITLE	\$	X DELETE	3.1 TITLE	D	☐ Change
NAME	OLVEY, CORINNE I		3.2 NAME	ROWE, WILLIAM E.	
STREET ADDRESS	1201 S ORLANDO AVENUE SUI	TE 365	3.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	WINTER PARK FL 32789		3.4. CITY-ST-ZIP	METAIRIE, LA 70005	
TITLE	AS	DELETE	4.1 TITLE	T/S	Change
NAME	PATRON, RONALD H		4. 2 NAME	MATASAVAGE, FRANK L.	•
STREET ADDRESS	110 VETERANS MEMORAL BLVI	•	4.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
1)	4.0 STREET RESERVES		
CITY-ST-ZIP	METAIRIE LA 70005	J	4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
CITY-ST-ZIP TITLE		DELETE		WINTER PARK, FL 32789 D/VP/AS	Change Addition
	METAIRIE LA 70005		4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	Change Addition
TITLE	METAIRIE LA 70005 AS	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	WINTER PARK, FL 32789 D/VP/AS	Change Addition
TITLE NAME	METAIRIE LA 70005 AS BUDDE, KENNETH C	☐ DELETE	4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME	WINTER PARK, FL 32789 D/VP/AS HEFFRON, BRENT F.	Change ☐ Addition

WINTER PARK FL 32789 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 rep of 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 cool ation 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 ch on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

MATASAVAGE, FRANK L

1201 S ORLANDO AVENUE, SUITE 365

A ID TYPED OR PRINTED I

Brent F. Heffron

April 14, 1999 (407) 740-7000

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