DOCUMENT # N98000006701         Copation Name         THE MENDAL AND FUNERAL SOCIETY OF GREATER ORLA NDD, NC.         Inclusion Flate of Business       Astronomic Construction of Business         Sc Crossee And CRUE EAST Cossellation in the Statement of Business       Astronomic Comparison of Business         Sc Crossee And CRUE EAST Cossellation in the Statement of Business       Intel Inte	CORP ANNUA	NPROFIT PORATION AL REPORT <b>999</b>		FLORIDA DEPARTM Katherine Secretary o DIVISION OF COM	<b>Harris</b> If State	May 10, Secreta 05-10-1999 S	[LED 1999 8 ry of \$ 00188 015 **	8:00 am State **61.25
Sp CROSSEAN CROLE EAST ASSELGEMENY FL 32707       495 CROSSEAN ORDEL EAST CASSELGEMENY FL 32707       Image: CasseLGEMENY FL 32707         Frincipal Place of Business Suite, Apt. #, etc.       S. Date Incorporated or Quelified 1/23/1998       Image: CasseLGEMENY FL 32707         Suite, Apt. #, etc.       Solet. Apt. #, etc.       4 FEIL Number Carl Cast of Statutions () Solet. Apt. #, etc.       - FEIL Number Carl Cast of Statutions () Solet. Apt. #, etc.       - Statut. Solet. Apt. #, etc.         Cory & State Cory & State Suite. Apt. #, etc.       - Statut. Solet. Apt. #, etc.       - Statut. Solet. Apt. #, etc.         Solet. Apt. #, etc.       - Statut. Solet. Apt. #, etc.       - Statut. Solet. Apt. #, etc.       - Statut. Solet. Apt. #, etc.         Solet. Apt. #, etc.       - Statut. Solet. Apt. #, etc.       - Statut. Solet. Apt. #, etc.       - Statut. Apt. #, etc.         Solet. Apt. #, etc.       - Statut. Apt. #, etc.       - Statut. Apt. #, etc.       - Statut. Apt. #, etc.         Solet. Apt. #, etc.       - Statut. Apt. #, etc.       - Statut. Apt. #, etc.       - Statut. Apt. #, etc.         Solet. Apt. #, etc.       - Statut. Apt. #, etc.       - Statut. Apt. #, etc.       - Statut. #, etc.         Solet. Apt. #, etc.       - Statut. #, etc.       - Statut. #, etc.       - Statut. #, etc.         Solet. Apt. #, etc.       - Statut. #, etc.       - Statut.	Corporation N	Name IORIAL AND FUN			LA			
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20       20       Country       2p       Country       2p       Country       5. Certificade (Status Desired       Fee Required         21p       22       2p       Country       2p       Country       6. Election Campaign Financing       Status Desired       Added to Fees         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent       Added to Fees         SNDER THOMAS J       45       Street Address (P.O. Box Number Is Not Acceptable)       45         CASSEDERRY FL 32707       41       82       Street Address (P.O. Box Number Is Not Acceptable)       5. Certificade (Street Address (P.O. Box Number Is Not Acceptable)         64       City       FL       65       2p Code       5. Certificade (Street Address (P.O. Box Number Is Not Acceptable)       5. Certificade (Street Address (P.O. Box Number Is Not Acceptable)         65       Code (Street Address (P.O. Box Number Is Not Acceptable)       63       5. Certificade (Street Address (P.O. Box Number Is Not Acceptable)       5. Certificade (Street Address (P.O. Box Number Is Not Acceptable)         61       Pursuant to the provisions of Stations (Street Address (P.O. Box Number Is Not Acceptable)       6. City       FL       6. City       Code       City City City City City City City City		, etc	<u></u>				8	Not Applicable
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SNYDER, THOMAS J 435 CROSSEAM CIRCLE EAST CASSELBERRY FL 32707     81     Name		25	29	30	- <i>`</i>	Trust Fund Contribution	<u> </u>	Added to Fees
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Image: State of the state	office or reg agent. I am	nistered agent or both	in the State of Florid	a Such change was auth	the above-named corporate	poration submits this statement for the on's board of directors. I hereby accep	FL ( purpose of changed the appointment	ning its registered
ME       THOMAS J. SNYDER       12 NAME         HEET ADDRESS       H3S CROSSBEAM CIRCLE EAST       13 STREF ADDRESS         Y-ST-2P       OASSELBERY, FL 32707       14 CITY-ST-2P         ME       UICE PRES, D       DELETE         NME       RECHADRESS       23 STREF ADDRESS         V-ST-2P       ORLANDO, FL 32.VII       24 CITY-ST-2P         V-ST-2P       ORLANDO, FL 32.VII       24 CITY-ST-2P         V-ST-2P       ORLANDER, FL 32.VII       24 CITY-ST-2P         V-ST-2P       ORLANDER, FL 32.VII       24 CITY-ST-2P         V-ST-2P       OUTED 0, FL 22.26.S       33 STREF ADDRESS         V-ST-2P       OUTED 0, FL 22.76.S       34 CITY-ST-2P         V-ST-2P       OUTED 0, FL 32.712       42 CITY-ST-2P         V-ST-2P       OUTED 0, S	office or reg agent. I am GNATURE Sk	gistered agent, or both familiar with, and acc	, in the State of Floridi ppt the obligations of, of registered agent and title I	a. Such change was auth Section 617.0503, Florida	the above-named corporation of the corporation of t	on s board of directors. Thereby accep	FL [ purpose of changed to the appointment 5-3-99 DATE	ging its registered at as registered
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4. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Floha Statutes. Further certify that the information under each; that I am an 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 each; that I am an 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 each; that I am an 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 each; that I am an 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 each; that I am an 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 each; that I am an 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 each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicated on the same legal effect as if made under each; that I am an indicate	office or reg agent. I am SIGNATURE 2. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TY-ST-ZIP TLE AME TY-ST-ZIP TLE AME TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME	Jistered agent, or both, familiar with, and acg gradure. typertor printed name PRESIDENT/D THOMAS J. 435 CROS 0ASSELBE VICE PRES RICHARD 8425 LIS 0RLANDO TREASURD KEN KIH 1036 BUR 0VIEDO, SECRTY, CLARK S 20 SJ. AN WIAITER DIRECTOR BERNARD	in the State of Florid. ppt the obligations of, or registered excert and the h FFICERS AND DIREC SHYDER S	a. Such change was auth Seption 617.0503, Florida $(NOTE: Re- epipebole. CTORS \Box DELETEcie EAST32707\Box DELETEcT,276.5\Box DELETE276.5\Box DELETE2.76.5\Box DELETE$	the above-named corporation a Statutes. relatered Agent eigneture require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	on s board of directors. Thereby accep	FL	ging its registered it as registered RECTORS IN 12 Change Addition Change Addition Change Addition Change Addition