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FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000009665 (0)

1. Corporation Name
HARRIS FUNERAL HOME, INC.

Principal Place of Business
932 NORTH OHIO AVENUE
MASONRY SERVICE BUILDING
LIVE OAK FL 32060

Mailing Address
4126 NORLAND AVENUE
BURNABY, B.C. V5G 3S8
CN



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/07/1992

4. FEI Number
52-1803506

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVAS
NAME RUSSELL, ROBERT D
STREET ADDRESS 200 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP POMPAHO BEACH FL 33062 ☐ DELETE

TITLE D
NAME LOEWEN, RAYMOND L
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY, B.C. V5G 3S8 ☐ DELETE

TITLE P
NAME HARRIS, BRODY C
STREET ADDRESS 932 NORTH OHIO AVENUE
CITY-ST-ZIP LIVE OAK FL 32060 ☒ DELETE

TITLE ST
NAME ROLLINGS, GREGORY K
STREET ADDRESS 681 NORTH AVE
CITY-ST-ZIP JONESBORO GA ☐ DELETE

TITLE DAS
NAME HYNDMAN, PETER S
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME JEFFREY L. CASHNER
2.3 STREET ADDRESS 801 NORTH AVENUE
2.4 CITY-ST-ZIP JONESBORO, GA 30236

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME PAUL HART
3.3 STREET ADDRESS 3190 TREMONT AVENUE
3.4 CITY-ST-ZIP TREVOSE, PA 19053-6693

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 200002470892
5.3 STREET ADDRESS -03/27/98--01073--021
5.4 CITY-ST-ZIP ***150.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

CP2E034 (10/97)