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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P93000044391 (9)

NATIONAL FUNERAL SERVICE, INC.

PORT CHARLOTTE FL 33952

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE NAME

Principal Place of Business Mailing Address 14538 TAMIAMI TRAIL 14538 TAMIAMI TRAIL NORTH PORT FL 34287 NORTH PORT FL 34287 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1993 4. FEI Number Applied For 2. Principal Place of Business 28. Mailing Address 21 26 65-0425753 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name MATTHEW, JAMES R 22212 MONTROSE AVE. Street Address (P.O. Box Number is Not Acceptable) **PORT CHARLOTTE FL 33952** 83 84 City 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, typod or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE NAME MCKEE, JAMES A 12 NAME **4086 GARDENER DR** STREET ADDRESS 1.3 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCKEE, ELKE 2.2 NAME NAME STREET ADDRESS **4086 GARDENER DR** 2.3 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 2. 4 City-St-7iP DELETE Change Addition TITLE 3.1 TITLE NAME MATTHEW, JAMES R 3.2 NAME STREET ADDRESS 22212 MONTROSE AVE. 3.3 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 changed, or on an attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

JAMES A. MCKEE SIGNATURE!

DELETE

DELETE

DELETE

Addition

Addition

Addition

Change

Change

3/23/98

FILED

Mar 26 1998 8:00am

Secretary of State