## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000067916

Country

25

ROBERT L. CREAL

1940 7TH AVENUE, S ST PETERSBURG FL 33712

1. Corporation Name

23

24

Zip

ROBERT L. CREAL, JR., FUNERAL DIRECTOR, INC.

| Principal Place of Business                       | Mailing Address                                   |  |  |
|---|---|--|--|
| 2140 26TH STREET SOUTH<br>ST. PETERSBURG FL 33712 | 2140 26TH STREET SOUTH<br>ST. PETERSBURG FL 33712 |  |  |
| 2. Principal Place of Business                    | 2a. Mailing Address                               |  |  |
| 21  | 26  |  |  |
| Suite, Apt. #, etc.                               | Suite, Apt. #, etc                                |  |  |
| 22  | 27  |  |  |
| City & State                                      | City & State                                      |  |  |

9. Name and Address of Current Registered Agent

28

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99 MAR -9 AM 11: 40

| 3.  | Oate Incorporated or Qualifed 09/23/1993                  |           |                                   |                         |
|-----|---|-----------|-----------------------------------|-------------------------|
| 4.  | El Number   |           | [ ]                               | Applied For             |
|     | 59-3205244  |           | <u> </u>                          | Not Applicable          |
| 5.  | Certificate of Status Desired                             |           | \$8.75 Additional<br>Fee Required |                         |
| 6.  | Election Campaign Financing Trust Fund Contribution       | []        |                                   | DO May Be<br>ed to Fees |
| 8   | This corporation owes the curre<br>Personal Property Tax. | ent year  | Intangible<br>Yes                 | □No                     |
| 10. | Name and Address of New F                                 | Registere | d Agent                           |                         |

85

Zip Code

Country

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83 84 Street Addr

| office or r    | egistered agent, or both, in the State of Florida. Such change was<br>in familiar with, and accept the obligations of, Section 607.0505, Ft | authorized by the corpo-          | ation's board of directors. I hereby accept the appoin  | ment as regi    | stered      |
|----------------|---|-----------------------------------|---|-----------------|-------------|
| SIGNATURE      | Signature typed or printed name of registered agent and life if applicable (NOT   | E. Registered Agent signature re- | suited when reinstalling) DATE  |                 |             |
| 12.            | OFFICERS AND DIRECTORS  | 13.                               | ADDITIONS/CHANGES TO OFFICERS AND   | DIRECTOR        | S IN 12     |
| TITLE          | D [] DELETE   | 11 TITLE                          |   | Change          | Addition    |
| NAME           | CREAL, ROBERT L JR.   | 1.2 NAME                          |   | . •             |             |
| STREET ADDRESS | 2140 26TH STREET SOUTH  | 1.3 STREET ADDRESS                |   |                 |             |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33712   | 14 C(TY+ST-Z)P                    |   |                 |             |
| TITLE          | VP DELETE   | 2 1 TITLE                         |   | [] Change       | Addition    |
| NAME           | CREAL, ROBERT LEE   | 2 2 NAME                          |   |                 |             |
| STREET ADDRESS | 1940 7TH AVENUE, S  | 23 STREET ADDRESS                 |   |                 |             |
| CITY-ST-ZIP    | ST. PETERSBURG FL   | 2 4 CITY-ST-ZIP                   |   |                 |             |
| TITLE          | ☐ DELETE  | 31 TITLE                          | منت منتسب المساور الم | ☐ Change        | [] Addition |
| NAME           |   | 32 NAME                           | 30000525995   | +135            | 3           |
| STREET ADDRESS |   | 33 STREET ADORESS                 | -03/09/9901   |                 |             |
| CATY-ST-ZIP    |   | 34 CITY-ST-ZIP                    | ****317.50  | <b>米米米米15</b> 5 | J. 75       |
| TITLE          | ☐ DELETE  | 4 1 TITLE                         |   | Change          | [] Addition |
| NAME           |   | 4 2 NAME                          |   |                 |             |
| STREET ADDRESS |   | 4 3 STREET ADDRESS                |   |                 |             |
| CITY-ST-ZIP    |   | 4.4 CiTY+ST-ZIP                   |   |                 |             |
| TITLE          | C) DELETE   | 51 TITLE                          |   | Change          | Addition    |
| NAME           |   | 52 NAME                           |   |                 |             |
| STREET ADDRESS |   | 53 STREET ADDRESS                 |   |                 |             |
| CITY-ST-ZIP    |   | 54 CITY-ST-ZIP                    |   |                 |             |
| TITLE          | [] DELETE   | 61 TITLE                          | พา  | [] Change       | Addition    |
| NAME           |   | 62 NAME                           | 30  | na a            |             |
| STREET ADDRESS |   | 63 STREET ADDRESS                 | 3   | 7               |             |
| CITY-ST-ZIP    |   | 64 CITY-ST-ZIP                    | 9   |                 |             |

14. Thereby 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 cath; 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 charged, gryph ar attachment with an address with all other like empowered

SIGNATURE: