FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Morti

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000072889 (7)

E. DALE GUNTER FUNERAL HOME AND CREMATION SERVIC ES, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business 4100 16TH STREET N ST PETERSBURG FL 33703 US DO NOT WRITE IN T 3. Date Incorporated or Qualified	
ST PETERSBURG FL 33703 US ST PETERSBURG FL 33703 US DO NOT WRITE IN T	
US US DO NOT WRITE IN T	
3. Date Incorporated or Qualified	HIS SPACE
	-
10/08/1993	
2. Principal Place of Business 2a, Mailing Address 4, FEI Number	Applied For
1	Not Applicable \$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the	e current year Intangible
4 25 29 30 Personal Property Tax due June 30.	Yes No
e, Name and Address of Current Registered Agent 10. Name and Address of New Register	red Agent
LEWIS, MARK R SR 81 Name	
3131 • 66TH STREET NORTH 82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE A B3	
ST PETERSBURG FL 33710	
84 City	FL 85 Zip Code
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 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 expirable. (NOTL: Registered Agent signature required when reinstating) DA	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE	Change Addition
IAME GUNTER, E. DALE 1.2 NAME	
STREET ADDRESS 4100 16TH ST NORTH 1.3 STREET ADDRESS	
DITY-ST-ZIP ST PETERSBURG FL 33703 1.4 CITY-ST-ZIP	
TITLE DELETE 21 TITLE	Change L Addition
VAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
OTY-ST-ZIP 2. 4 CITY-ST-ZIP 1 OTTLE DELETE 3.1 TITLE	Change Addition
HAME 3.2 NAME	Onlarigo Addition
STREET ADDRESS 3.3 STREET ADDRESS	
34. CITY-ST-ZIP	
TRLE DELETE 41 TITLE	Change Addition
IAME 4 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
DITY-ST-ZIP 4.4 CITY-ST-ZIP	
ITLE DELETE 5.1 TITLE	Change Addition
S.2 NAME	
5.3 STREET ADDRESS	
STY-ST-ZIP 5.4 CITY-ST-ZIP	Change Assistan
TILE DELETE 6.1 TILE	Change Addition
IAME 62 NAME	
TREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST. 719	

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 trusted 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.

E. DIALE GUNTED

(X13)528-2880 1-6-50