FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90009 045 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000072889

Principal Place of Business

4100 16TH STREET N

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

Mailing Address

4100 16TH STREET N

ST PETERSBURG FL 33703		ST PETERSBURG FL 33703		DO NOT WRITE IN THE	S SDACE			
บร	s us				3. Date Incorporated or Qualifed			
					,			
					10/08/1993		-Vad Faa	
Principal Place of Business 2a. Mailing Address					4. FEI Number	<u></u>	plied For	
21 26				59-3206642		t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
27		_		J. Commonto of Charles Doom of	Fee Re	quired		
City & State City & State				6. Election Campaign Financing	\$5.00	May Be		
28				Trust Fund Contribution Added to Fees			o Fees	
Zip	Country	Country Zip Co		0: (//// doi.po///// /// // // //				
24	25	29 3	0		Personal Property Tax.			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	\$ 10 mg (1 mg) 1 mg (1 mg)		81	Name			1	
LEW	IIS, MARK R SR							
	1 - 66TH STREET NORTH		82	Street Add	dress (P.O. Box Number is Not Acceptable)		,	
53. Sun			83		10 (A) 1 (A)	1 10 P. S. 1 S. S. S. S. S.	121.8 121.231	
ST PETERSBURG FL 33710			63					
ارد	ETENODUNG PE 357 TU		84	City	ार विक्रिकेत किया के अपने के क्षेत्र के किया के किया किया किया किया किया किया किया किया	85 Zip C	Code	
	467 10 10				<u> </u>	<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes	, the abov	e-named cor	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appe	of changing its	registered	
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was aut ns of: Section 607.0505. Florid	nonzed by ta Statutes	the corporat	libit's board of directors. Thereby accept the app	omanom do ro]	
	in familiar with and accept the engage							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	tegistered Age	nt signature requi	ired when reinstating) (1) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		The Arms	☐ Change	☐ Addition	
NAME	GUNTER, E. DALE		1.2 NAME		• • •			
	4100 16TH ST NORTH		13 STREE	TADDRESS				
STREET ADDRESS	ST PETERSBURG FL 33703		1.4 CITY-S					
CiTY-ST-ZIP	SI PETENSBURG PL 33/03	□ DELETE	2.1 TITLE	1-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE		, Detere	- ·		,		_	
NAME	·		2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	a competition	2.4 CITY-	ST-ZIP				
TITLE	52 934 542 CD 11	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	IS MARK P. S.	医克里奇氏病 化二十二	3.2 NAME					
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Francis (1989)	₹ Å.	:	3.4. CITY-	ST-ZIP		1 42 # 134 <u>186</u>	15.推销 15制	
CITY-ST-ZIP.	Printing the Strategies of Str	☐ DELETE	4.1 TITLE		1、1:5 医产品的基础整	Change	Addition Addition	
,			4. 2 NAME					
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CITY-ST-ZIP	1 1 1	O serete	4.4 CITY-5	I-ZIP		Change	☐ Addition	
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NAME			5.2 NAME		The state of the s			
STREET ADDRESS			5.3 STREE	TADDRESS	•			
CITY-ST-ZIP	FB		5.4 CITY-5	T-ZIP			i	
TITLE	CONTEN C CREE	☐ DELETE	- 6.1 TITLE			☐ Change	☐ Addition	
NAME	4100 JOTE ST (M.) (F)		6.2 NAME					
Transcript 1927 1	The first the received of the local state of the second		1	TADODESS	•			

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, with all other like empowered.

6.4 CITY-ST-ZIP