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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000009948 (7)

1. Corporation Name
MOODY FUNERAL HOME, INC.

Principal Place of Business
845 EAST BROADWAY STREET
FT. MEADE FL 33831

Mailing Address
4126 NORLAND AVE.
BURNABY BC., CANADA V5G 3S8



3. Date Incorporated or Qualified
02/06/1995

3a. Date of Last Report
04/25/1996

4. FEI Number
65-0571949

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

C T 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 D
NAME LOEWEN, RAYMOND L.
STREET ADDRESS 4126 NORLAND AVE.
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8

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

TITLE AS
NAME MACNAUGHTON, PAULA J.
STREET ADDRESS 4126 NORLAND AVE.
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8

TITLE DPAS
NAME RUSSELL, ROBERT D.
STREET ADDRESS 200 N. FEDERAL HWY.
CITY-ST-ZIP POMPANO BCH. FL 33062

TITLE VST
NAME WRIGHT, GARY L.
STREET ADDRESS 800-50 E. RIVERCENTER BLVD.
CITY-ST-ZIP COVINGTON KY 41011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

4/22/97

(604) 293-6425

CR2E034 (9/96)