

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90012 023 \*\*\*150.00

DOCUMENT # P95000009948

1. Corporation Name

MOODY FUNERAL HOME, INC.

Principal Place of Business

945 EAST BROADWAY STREET  
FT. MEADE FL 33831

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1995

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 33341 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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 VP  
NAME CASHNER, JEFFREY L.  
STREET ADDRESS 801 TEAS RD  
CITY-STATE-ZIP CONROE TX 77303

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

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

TITLE ST  
NAME ROLLINGS, GREGORY K  
STREET ADDRESS 681 NORTH AVE.  
CITY-STATE-ZIP JONESBORO GA 30236

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P ☒ Change ☐ Addition  
JEFFREY L. CASHNER

D ☐ Change ☒ Addition  
PAUL WAGLER  
4126 NORLAND AVENUE  
BURNABY, B.C., CANADA V5G 3S8

VP ☒ Change ☐ Addition  
SEAN M. GILCHRIST  
801 TEAS ROAD  
CONROE, TX 77303

ST ☐ Change ☒ Addition  
GEORGE M. AMATO  
4145-58TH STREET  
WOODSIDE, NY 11377

AS ☐ Change ☒ Addition  
JOSEPH T. HARDIMAN  
801 TEAS ROAD  
CONROE, TX 77303

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.

SIGNATURE

SIGNATURE REQUIRED  
PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #