


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

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

04-27-1999 90013 007 ***150.00

00000001

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000009950

1. Corporation Name
CURRY RALEY FUNERAL HOME, INC.

Principal Place of Business
404 WEST PALMETTO STREET
WAUCHULA FL 33873

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
65-0586907

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.

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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-STATE-ZIP BURNABY BC., CANADA V5G 3S8

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

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

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

TITLE AS
NAME HART, PAUL
STREET ADDRESS 3190 TREMONT AVE.
CITY-STATE-ZIP TREVOSE PA 19053-6693

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME PAUL WAGLIER
1.3 STREET ADDRESS 4126 NORLAND AVENUE
1.4 CITY-STATE-ZIP BURNABY, B.C., CANADA V5G 3S8

2.1 TITLE V
2.2 NAME SEAN M. GILCHRIST
2.3 STREET ADDRESS 801 TEAS ROAD
2.4 CITY-STATE-ZIP CONROE, TX 77303-1606

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

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

5.1 TITLE ST
5.2 NAME GEORGE M. AMATO
5.3 STREET ADDRESS 4145-58TH STREET
5.4 CITY-STATE-ZIP WOODSIDE, NY 11377

6.1 TITLE AS
6.2 NAME JOSEPH T. HARDIMAN
6.3 STREET ADDRESS 801 TEAS ROAD
6.4 CITY-STATE-ZIP CONROE, TX 77303-1606

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER S. HYNDMAN

April 20, 1999

Date

(604) 299-9321

Daytime Phone #

CR2E034 (11/98)