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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000075046 (9)**

1. Corporation Name
SCOTT FUNERAL HOME, INC.

Principal Place of Business

**512 DEEN STREET
LAKE PLACID FL 33852**

Mailing Address

**4126 NORLAND AVENUE
BURNABY, B.C. CANADA V5G3S8**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1995

4. FEI Number

65-0691232

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 607.0602 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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP
**PD
RUSSELL, ROBERT D
200 NORTH FEDERAL HIGHWAY
POMPAHO BEACH FL** ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP
**D
LOEWEN, RAYMOND L
4126 NORLAND AVENUE
BURNABY, B.C. CANADA V5G3S8** ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP
**ASD
HYNDMAN, PETER S
4126 NORLAND AVENUE
BURNABY, B.C. CANADA V5G3S8** ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP
**ST
ROLLINGS, GREGORY K
681 NORTH AVE.
JONESBORO GA** ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP
**AS
MACNAUGHTON, PAULA
4126 NORLAND AVENUE
BURNABY, B.C. CANADA V5G3S8** ☒ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME **JEFFREY L. CASHNER**
1.3 STREET ADDRESS **801 TEAS ROAD**
1.4 CITY- ST- ZIP **CONROE, TX 77303**

2.1 TITLE **AS** ☐ Change ☒ Addition
2.2 NAME **PAUL HART**
2.3 STREET ADDRESS **3190 TREMONT AVENUE**
2.4 CITY- ST- ZIP **TREVOSE, PA 19053-6693**

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

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

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

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

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, trustee or 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:

Peter S. Hyndman 03/23/98 (604) 299-9321

CR2E034 (10/97)