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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90012 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075046

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

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

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME PAUL WACLER
2.3 STREET ADDRESS 4126 NORLAND AVENUE
2.4 CITY-STATE-ZIP BURNABY, B.C., CANADA V5G 3S8

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

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME SEAN M. GILCHRIST
3.3 STREET ADDRESS 801 TEAS ROAD
3.4 CITY-STATE-ZIP CONROE, TX 77303

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

4.1 TITLE ST ☐ Change ☒ Addition
4.2 NAME GEORGE M. AMATO
4.3 STREET ADDRESS 4145-58TH STREET
4.4 CITY-STATE-ZIP WOODSIDE, NY 11377

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

5.1 TITLE P ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE AS ☒ DELETE
NAME HART, PAUL
STREET ADDRESS 3190 TREMONT AVENUE
CITY-STATE-ZIP TREVSE PA 19053

6.1 TITLE AS ☐ Change ☒ Addition
6.2 NAME JOSEPH T. HARDIMAN
6.3 STREET ADDRESS 801 TEAS ROAD
6.4 CITY-STATE-ZIP 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 2 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 #

CR2E034 (11/98)