

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-27-1999 90013 040 \*\*\*150.00

**DOCUMENT # P95000077891**

1. Corporation Name

CARDWELL FUNERAL HOME, INC.



Principal Place of Business

3571 RIDGEWOOD AVENUE  
PORT ORANGE FL 32119

Mailing Address

4126 NORLAND AVENUE  
BURNABY, B.C. V5G3S8

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/11/1995

4. FEI Number

58-2224109

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.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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	D	<input checked="" type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-STATE-ZIP	BURNABY, B.C. CANADA V5G3S8	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-STATE-ZIP	BURNABY, B.C. CANADA V5G3S8	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUSSELL, ROBERT D	
STREET ADDRESS	200 NORTH FEDERAL HIGHWAY	
CITY-STATE-ZIP	POMPANO BEACH FL 33062	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROLLINGS, GREGORY K	
STREET ADDRESS	681 NORTH AVE.	
CITY-STATE-ZIP	JONESBORO GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASHNER, JEFFREY L	
STREET ADDRESS	801 TEAS RD.	
CITY-STATE-ZIP	CONROE TX 77303	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL WAGLER	
1.3 STREET ADDRESS	4126 NORLAND AVENUE	
1.4 CITY-STATE-ZIP	BURNABY, B.C., CANADA V5G 3S8	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE M. AMATO	
3.3 STREET ADDRESS	4841-58TH STREET	
3.4 CITY-STATE-ZIP	WOODSIDE, NY 11377	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOSEPH T. HARDIMAN	
4.3 STREET ADDRESS	801 TEAS ROAD	
4.4 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 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 #

CR2E034 (1/98)

0000256