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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 03 1998 8:00am Secretary of State

DOCUMENT # P96000032470 (2)					
PROBST-MOORE FUNERAL DIRECTORS, INC.					
					A ACRON MIRAN NAROLA MIRAN ARRIS
L					
Principal Plac	e of Business	Mailing Address		T JOOKIOON HÉ ÉBYIL DIYII BOHN BOHN ADHII BOHRU HIYI	T DENNE NINE SANDE NIN FANT
204 7TH ST W 204 7TH ST W				,	
PALMETTO FL 34221 PALMETTO FL 34221				DO NOT WRITE IN THIS S	PACE
				3. Date incorporated or Qualified	JEAUE
			_	04/15/1996	}
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
21 26				65-0659962	Not Applicable
Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional	
22 27 City & State City & State					Fee Required
F-1		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP .	Country	Zip	Country	This corporation owes or has paid the curr	
24	25	29	30		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered A	igent
PROBST, JEFFREY L 81 Name I				D. ALAN MOORE	
4702 36TH AVE W			82 Street	Address (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34209			83	204 7th Street West	
			84 City	Palmetto FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at					changing its registered
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 a decept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	KI Mar Mus	84.0.00 01. 0001011 001.00001 1.10	D. Alan	Moore February 199	
	Signature, typed or printed hame of registered a		: Registered Agent signature		
12.	OFFICERS A	ND DIRECTORS XX DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	
NAME	PROBST, JEFFREY L	AADELLIE	1.1 TITLE 1.2 NAME	rreproduct treapuret	Change
STREET ADORESS	4702 36TH AVE W		1.3 STREET ADDRESS	D. Alan Moore	
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP	204 7th Street West	
TITLE	VSD	DELETE	2.1 TITLE	Palmetto, FL 34221 Secretary, Director	X Change
NAME	MOORE, D. ALAN		2.2 NAME	D. Alan Moore	
STREET ADDRESS	204 7TH ST W		2.3 STREET ADDRESS	204 7th Street West	
CITY-ST-ZIP	PALMETTO FL 34221		2. 4 CITY-ST-ZIP	Palmetto, FL 34209	
TITLE		☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change
NAME			4, 2 NAME		cuendo vacition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T Active	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	L	Change Addition
NAME STREET ANDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information cumplied	with this filing close not qualify to	6.4 CITY-ST-ZIP	d in Continu 440 07(2)(i) Florida Ctatutas I further	

4. 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 received 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 chaptilachment with an address.

CIONATURE AND MICHAEL FORMAN FORMAN FORMAN

1 1008/0/1\722_770/