

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-27-1999 90012 045 ***150.00

DOCUMENT # P96000054077

1. Corporation Name
SKYWAY MEMORIAL GARDENS ACQUISITION, INC.

Principal Place of Business
**5200 U.S. HWY. 19 NORTH
PALMETTO FL 34221**

Mailing Address
**4126 NORLAND AVE
BURNABY, B.C. V5G 3S8
CANADA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0682402

Applied For
☐ No ☐ 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

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **LOEWEN, RAYMOND L**
STREET ADDRESS **4126 NORLAND AVE**
CITY-STATE-ZIP **BURNABY, BC CANADA V5G 3S8**

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

TITLE **VP** ☒ DELETE
NAME **MILLER, LAWRENCE**
STREET ADDRESS **3190 TREMONT AVENUE**
CITY-STATE-ZIP **TREVOSE PA 19053-6693**

TITLE **ST** ☒ DELETE
NAME **ROLLINGS, GREGORY K.**
STREET ADDRESS **681 NORTH AVENUE**
CITY-STATE-ZIP **JONESBORO GA 30236**

TITLE **VP** ☐ DELETE
NAME **GRAY, PETER**
STREET ADDRESS **3190 TREMONT AVENUE**
CITY-STATE-ZIP **TREVOSE PA 19053-6693**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ 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 **VP** ☐ Change ☒ Addition
2.2 NAME **SEAN M. GILCHRIST**
2.3 STREET ADDRESS **801 TEAS ROAD**
2.4 CITY-STATE-ZIP **CONROE, TX 77303**

3.1 TITLE **ST** ☐ Change ☒ Addition
3.2 NAME **GEORGE M. AMATO**
3.3 STREET ADDRESS **4145-58TH STREET**
3.4 CITY-STATE-ZIP **WOODSIDE, NY 11377**

4.1 TITLE **AS** ☐ Change ☒ Addition
4.2 NAME **JOSEPH T. HARDIMAN**
4.3 STREET ADDRESS **801 TEAS ROAD**
4.4 CITY-STATE-ZIP **CONROE, TX 77303**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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 (11/98)

0000311