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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000054084

1. Corporation Name

SARASOTA MEMORIAL PARK ACQUISITION, INC.

Principal Place of Business

5833 S. TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

4126 NORLAND AVE
BURNABY, B.C. V5G 3S8
CANADA
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0682404

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 ☒ 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 TREVISO PA 19053-6693

TITLE P ☐ DELETE

NAME CASHNER, JEFFREY L.

STREET ADDRESS 801 TEAS ROAD

CITY-STATE-ZIP CONROE TX 77303

TITLE VP ☐ DELETE

NAME GRAY, PETER

STREET ADDRESS 3190 TREMONT AVENUE

CITY-STATE-ZIP TREVISO PA 19053-6693

TITLE ST ☒ DELETE

NAME ROLLINGS, GREGORY K.

STREET ADDRESS 681 NORTH AVENUE

CITY-STATE-ZIP JONESBORO GA 30236

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 AS ☐ Change ☒ Addition

3.2 NAME JOSEPH T. HARDIMAN

3.3 STREET ADDRESS 801 TEAS ROAD

3.4 CITY-STATE-ZIP CONROE, TX 77303

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ST ☒ 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) 299-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)