

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

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

04-27-1999 90012 027 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000054093**

1. Corporation Name  
**MEMORIAL SERVICES ACQUISITION, INC.**

Principal Place of Business

7950 - 131ST ST. NORTH  
SEMINOLE FL 34646

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

**58-2250786**

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** 2990 BEE RIDGE ROAD

Suite, Apt. #, etc.

**22**

City & State

**23** SARASOTA, FL

Zip Country

**24** 34239 **25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

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

TITLE **ASD** ☐ DELETE  
NAME **HYNDMAN, PETER S**  
STREET ADDRESS **4126 NORLAND AVENUE**  
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 N 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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)