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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000073059

1. Corporation Name

MEMORIAL SERVICES CORPORATION

Principal Place of Business

4126 NORLAND AVENUE
BURNABY BC V5G-3S8

Mailing Address

4126 NORLAND AVENUE
BURNABY BC V5G-3S8

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

59-3465484

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 2942 GULF BREEZE PARKWAY

Suite, Apt. #, etc.

22

City & State

23 CULFBREEZE, FL

Zip

24 32561

Country

25 U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30 CANADA

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 ROAD

CITY-STATE-ZIP CONROE TX 77303

TITLE VP ☒ DELETE

NAME MILLER, LAWRENCE

STREET ADDRESS 3190 TREMONT AVENUE

CITY-STATE-ZIP TREVISO PA 19053

TITLE VP ☒ DELETE

NAME KINZER, DOUGLAS

STREET ADDRESS 160-1895 WEST COMMERCIAL BOULEVARD

CITY-STATE-ZIP FT. LAUDERDALE FL 33309

TITLE ST ☒ DELETE

NAME ROLLINGS, GREGORY K

STREET ADDRESS 681 NORTH AVENUE

CITY-STATE-ZIP JONESBORO GA 30236

TITLE DAS ☐ DELETE

NAME HYNDMAN, PETER S

STREET ADDRESS 4126 NORLAND AVENUE

CITY-STATE-ZIP BURNABY BC V5G-3S8

TITLE D ☒ DELETE

NAME LOEWEN, RAYMOND L

STREET ADDRESS 4126 NORLAND AVENUE

CITY-STATE-ZIP BURNABY BC V5G-3S8

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 PETER B. GRAY

3.3 STREET ADDRESS 3190 TREMONT AVENUE

3.4 CITY-STATE-ZIP TREVISO, PA 19053

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 change), or on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE REQUIRED

PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

Date

Daytime Phone #