

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

DOCUMENT # P98000002531

1. Corporation Name

ACCU CARE CREMATION SERVICES, INC.

Principal Place of Business

 882 17TH STREET
 VERO BEACH FL 32960

Mailing Address

 882 17TH STREET
 VERO BEACH FL 32960

FILED

99 MAR -8 PM 4:31

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1998

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

 STRUNK, GLENN A
 882 17TH STREET
 VERO BEACH FL 32960

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

 TITLE D
 NAME STRUNK, GLENN A
 STREET ADDRESS 882 17TH STREET
 CITY-ST-ZIP VERO BEACH FL 32960

☐ DELETE

 TITLE D
 NAME STRUNK, DOROTHY H
 STREET ADDRESS 882 17TH STREET
 CITY-ST-ZIP VERO BEACH FL 32960

☐ DELETE

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

561-562-2825

CR2E034 (11/98)