

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 29, 1999 8:00 am  
Secretary of State

04-29-1999 90283 013 \*\*\*150.00

DOCUMENT # P980000113082

1. Corporation Name

KNAUFF FUNERAL HOME, INC.

Principal Place of Business

512 East Noble Avenue  
williston, FL 32696

Mailing Address

4126 Norland Avenue  
Burnaby, B.C., Canada  
V5G 3S8

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/98

4. FEI Number

57-1063133

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.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33323

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 PAUL WAGLER  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, B.C., CANADA V5G 3S8

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

TITLE VP ☐ DELETE  
NAME ROBERT D. RUSSELL  
STREET ADDRESS 200 NORTH FEDERAL HIGHWAY  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE VP ☐ DELETE  
NAME SEAN M. GILCHRIST  
STREET ADDRESS 801 TEAS ROAD  
CITY-ST-ZIP CONROE, TX 77303

TITLE ST ☐ DELETE  
NAME GEORGE M. AMATO  
STREET ADDRESS 4145-58TH STREET  
CITY-ST-ZIP WOODSIDE, NY 11377

TITLE DAS ☐ DELETE  
NAME PETER S. HYNDMAN  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, B.C., CANADA V5G 3S8

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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:

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)