

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90053 050 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P98000022901**

1. Corporation Name  
**AMERICAN FUNERAL AND CREMATION CARE, INC.**

Principal Place of Business Mailing Address  
~~4508 CROTON DRIVE~~ ~~4508 CROTON DRIVE~~  
~~NEW PORT RICHEY FL 34652~~ ~~NEW PORT RICHEY FL 34652~~  
6139 State Road 54 P.O. Box 421  
New Port Richey, Fl. 34653 Elfers, FL. 34680

DO NOT WRITE IN THIS SPACE

|                                |                     |   |   |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For   |
| 21                             | 26                  | 59-3497519  | Not Applicable  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 22                             | 27                  |   |   |
| City & State                   | City & State        | 6. Election Campaign Financing  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 23                             | 28                  | Trust Fund Contribution   |   |
| Zip                            | Zip                 | Country   | Country   |
| 24                             | 25                  | 29  | 30  |
|                                |                     | 8. This corporation owes the current year intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMESON, BRYAN K**  
**6139 S.R. 54**  
**NEW PORT RICHEY FL 34653**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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   |                          | (NOTE: Registered Agent signature required when reinstating)      |  | DATE |  |
|---|--------------------------|---|--|------|--|
| 12. OFFICERS AND DIRECTORS                            |                          |   |  |      |  |
| TITLE   | D P                      | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME  | JAMESON, BRYAN K         |   |  |      |  |
| STREET ADDRESS  | 6152 CLAIRE DE LUNE CT   |   |  |      |  |
| CITY-ST-ZIP   | NEW PORT RICHEY FL 34655 |   |  |      |  |
| TITLE   | D EVP                    | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME  | JAMESON, MARK D          |   |  |      |  |
| STREET ADDRESS  | 5141 HALTATA CT          |   |  |      |  |
| CITY-ST-ZIP   | NEW PORT RICHEY FL 34655 |   |  |      |  |
| TITLE   |                          | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME  |                          |   |  |      |  |
| STREET ADDRESS  |                          |   |  |      |  |
| CITY-ST-ZIP   |                          |   |  |      |  |
| TITLE   |                          | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME  |                          |   |  |      |  |
| STREET ADDRESS  |                          |   |  |      |  |
| CITY-ST-ZIP   |                          |   |  |      |  |
| TITLE   |                          | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME  |                          |   |  |      |  |
| STREET ADDRESS  |                          |   |  |      |  |
| CITY-ST-ZIP   |                          |   |  |      |  |
| TITLE   |                          | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME  |                          |   |  |      |  |
| STREET ADDRESS  |                          |   |  |      |  |
| CITY-ST-ZIP   |                          |   |  |      |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |   |  |      |  |
| 1.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 1.2 NAME  |                          |   |  |      |  |
| 1.3 STREET ADDRESS                                    |                          |   |  |      |  |
| 1.4 CITY-ST-ZIP                                       |                          |   |  |      |  |
| 2.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 2.2 NAME  |                          |   |  |      |  |
| 2.3 STREET ADDRESS                                    |                          |   |  |      |  |
| 2.4 CITY-ST-ZIP                                       |                          |   |  |      |  |
| 3.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 3.2 NAME  |                          |   |  |      |  |
| 3.3 STREET ADDRESS                                    |                          |   |  |      |  |
| 3.4 CITY-ST-ZIP                                       |                          |   |  |      |  |
| 4.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 4.2 NAME  |                          |   |  |      |  |
| 4.3 STREET ADDRESS                                    |                          |   |  |      |  |
| 4.4 CITY-ST-ZIP                                       |                          |   |  |      |  |
| 5.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 5.2 NAME  |                          |   |  |      |  |
| 5.3 STREET ADDRESS                                    |                          |   |  |      |  |
| 5.4 CITY-ST-ZIP                                       |                          |   |  |      |  |
| 6.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **3-15-99** **727-847-3700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)