05111999-90028-043-$150.00-$150.00

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90028 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000089728

1. Corporation Name
CASKETSMART, INC.

Principal Place of Business	Mailing Address
913 KINGSCOTE CT SAFETY HARBOR FL 34695	913 KINGSCOTE CT SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1998
4. FEI Number: 59-3517237 ☐ 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	2a. Mailing Address
21 6628 US 19	26 6628 US 19
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NEW PORT RICHEY	28 City & State: NEW PORT RICHEY FL
24 Zip: 34652 25 Country: USA	29 Zip: 34652 30 Country: USA

9. Name and Address of Current Registered Agent

GRAY, ROBERT C
913 KINGSCOTE CT
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name: GRAY, ROBERT C
82 Street Address (P.O. Box Number is Not Acceptable): 6628 US 19
83
84 City: NEW PORT RICHEY FL 85 Zip Code: 34652

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] 4-28-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☑ Change ☐ Addition
NAME	GRAY, ROBERT C	1.2 NAME	GRAY, ROBERT C
STREET ADDRESS	913 KINGSCOTE CT	1.3 STREET ADDRESS	6628 US 19
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	D ☐ DELETE	2.1 TITLE	D ☑ Change ☐ Addition
NAME	BURD, NANCY F	2.2 NAME	BURD, NANCY F
STREET ADDRESS	913 KINGSCOTE CT	2.3 STREET ADDRESS	6628 US 19
CITY-ST-ZIP	SAFETY HARBOR FL 34695	2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] 4-28-99 727 815 0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)