FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S10261** **(3)**

1. Corporation Name
GAMBLE-JENNINGS FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
3904 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309-3318	4126 NORLAND AVENUE BURNABY, B.C. V5G 3S8 CN

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1990
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0234486 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revocation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDAS	11 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, ROBERT D	12 NAME	
STREET ADDRESS	200 NORTH FEDERAL HIGHWAY	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	14 CITY-ST-ZIP	600001467496
TITLE	VST	21 TITLE	-04/28/95--01009-009 ☐ Addition
NAME	WRIGHT, GARY L	22 NAME	****200.00 ****200.00
STREET ADDRESS	800-50 EAST RIVER CENTER BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY 41011	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOEWEN, RAYMOND L	32 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	BURNABY, B.C. V5G 3S8	34 CITY-ST-ZIP	
TITLE	DA	41 TITLE	☐ Change ☐ Addition
NAME	HYNDMAN, PETER S	42 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	BURNABY, B.C. V5G 3S8	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	4/25/95 MST
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] Peter S. Hyndman 4/12/95 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403027 IN