

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S93638 (2)

1. Corporation Name

WYLIE-BAXLEY FUNERAL HOME, INC.

Principal Place of Business

**6 POINSETT DRIVE
COCOA FL 32923**

Mailing Address

**4126 NORLAND AVENUE
BURNABY BC V5G 3S8
CA**



3. Date Incorporated or Qualified

11/13/1991

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P
BAXLEY, STANLEY**
STREET ADDRESS **1200 S. US #1**
CITY-STATE-ZIP **ROCKLEDGE FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

**700001794787
-04/25/96-01071-030
***200.00**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **V
WATTERS, DWIGHT**
STREET ADDRESS **1200 S. US #1**
CITY-STATE-ZIP **ROCKLEDGE FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **DVA
RUSSELL, ROBERT D.**
STREET ADDRESS **200 N. FEDERAL HIGHWAY**
CITY-STATE-ZIP **POMPANO BEACH FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

ZIP = 33062

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **ST
WRIGHT, GARY L.**
STREET ADDRESS **800-50 E RIVER CENTER BLVD**
CITY-STATE-ZIP **COVINGTON KY**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

ZIP = 41011

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D
LOEWEN, RAYMOND L**
STREET ADDRESS **4126 NORLAND AVE.**
CITY-STATE-ZIP **BURNABY BC V5G 3S8**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME **DA
HYNDMAN, PETER S.**
STREET ADDRESS **4126 NORLAND AVE**
CITY-STATE-ZIP **BURNABY, BRITISH COLUMBIA**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

ZIP = V5G 3S8

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)(k), 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.

SIGNATURE:

PETER S. HYNDMAN MARCH 19, 1996 (604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)