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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 98-0120818	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T 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

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	P	1.1 TITLE	VP
NAME	BAXLEY, STANLEY	1.2 NAME	JEFFREY L. CASHNER
STREET ADDRESS	1200 S. US #1	1.3 STREET ADDRESS	801 TEAS ROAD
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	CONROE, TX 77303
TITLE	V	2.1 TITLE	AS
NAME	WATTERS, DWIGHT	2.2 NAME	PAUL HART
STREET ADDRESS	1200 S. US #1	2.3 STREET ADDRESS	3190 TREMONT AVENUE
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	TREVQSE, PA 19053-6693
TITLE	DVAS	3.1 TITLE	DP
NAME	RUSSELL, ROBERT D.	3.2 NAME	
STREET ADDRESS	200 N. FEDERAL HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	ROLLINGS, GREGORY K	4.2 NAME	
STREET ADDRESS	681 NORTH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JONESBORO GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LOEWEN, RAYMOND L	5.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC V5G 3S8	5.4 CITY-ST-ZIP	
TITLE	DAS	6.1 TITLE	
NAME	HYNDMAN, PETER S.	6.2 NAME	
STREET ADDRESS	4126 NORLAND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	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.

SIGNATURE

Peter S. Hyndman 03/23/98 (604) 299-9321

CR2E034 (10/97)