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Apr 27, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S93638

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

3. Date incorporated or Qualified

11/13/1991

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

98-0120818

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

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 607.05(2) 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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASHNER, JEFFREY L.	
STREET ADDRESS	801 TEAS ROAD	
CITY-STATE-ZIP	CONROE TX 77303	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HART, PAUL	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-STATE-ZIP	TREVOSE PA 19053	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RUSSELL, ROBERT D.	
STREET ADDRESS	200 N. FEDERAL HIGHWAY	
CITY-STATE-ZIP	POMPANO BEACH FL 33062	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROLLINGS, GREGORY K	
STREET ADDRESS	681 NORTH AVE.	
CITY-STATE-ZIP	JONESBORO GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-STATE-ZIP	BURNABY BC V5G 3S8	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S.	
STREET ADDRESS	4126 NORLAND AVE	
CITY-STATE-ZIP	BURNABY BC, CANADA V5G 3S8	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEAN M. GILCHRIST	
2.3 STREET ADDRESS	801 TEAS ROAD	
2.4 CITY-STATE-ZIP	CONROE, TX 77303	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GEORGE M. AMATO	
4.3 STREET ADDRESS	4145-58TH STREET	
4.4 CITY-STATE-ZIP	WOODSIDE, NY 11377	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOSEPH T. HARDIMAN	
5.3 STREET ADDRESS	801 TEAS ROAD	
5.4 CITY-STATE-ZIP	CONROE, TX 77303	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 REQUIRED

PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)