

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 260975 (8)
 1. Corporation Name
HILLSBORO MEMORIAL GARDENS, INC.

Principal Place of Business 2323 W BRANDON BLVD BRANDON FL 33511 US	Mailing Address 1929 ALLEN PKWY DEPT 2934 HOUSTON TX 77019 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/17/1962	
4. FEI Number 59-0978169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**THE PRENTICE HALL CORP SYSTEM
 1201 HAYS ST
 STE 105
 TALLAHASSEE FL 32301**

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLAIBORNE, TIMOTHY J	
STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BANGO, FRANK	
STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHESLER, RICHARD A	
STREET ADDRESS	DPT 2934 9TH FL 1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GOFF, JOAN B	
STREET ADDRESS	1929 ALLEN PKWY DEPT 2934	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONKLIN, KENNETH W	
STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRAZIER, MARY JANE	
STREET ADDRESS	DPT 2934 9TH FL 1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANK BANGO	
1.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL	
1.4 CITY-ST-ZIP	HOUSTON TX 77019	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIMOTHY J. CLAIBORNE	
2.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL	
2.4 CITY-ST-ZIP	HOUSTON TX 77019	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUZANNE DINEFF	
3.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL	
3.4 CITY-ST-ZIP	HOUSTON, TX 77019	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LISA M. NEWBURN	
6.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL	
6.4 CITY-ST-ZIP	HOUSTON TX 77019	

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: *Joan B. Goff* **JOAN B. GOFF/SECRETARY** **713/522-514**

CR2E034 (10/97)