

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90052 006 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **260975**

2003

1. Corporation Name
HILLSBORO MEMORIAL GARDENS, INC.



Principal Place of Business Mailing Address
 2323 W BRANDON BLVD 1929 ALLEN PKWY
 BRANDON FL 33511 DEPT 2934
 US HOUSTON TX 77019
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1962

4. FEI Number Applied For
59-0979169 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK BANGO	1.2 NAME	JOSEPH A. BRANDENBURG
STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FLOOR	1.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX 77019	1.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY J. CLAIBORNE	2.2 NAME	JOHN H. LOHMAN, JR.
STREET ADDRESS	1929 ALLEN PKWY, 9TH FLOOR	2.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX 77019	2.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZANNE DINEFF	3.2 NAME	
STREET ADDRESS	1929 ALLEN PKWY, 9TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	3.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, JOAN B	4.2 NAME	
STREET ADDRESS	1929 ALLEN PKWY DEPT 2934	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, KENNETH W	5.2 NAME	
STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA M. NEWBURN	6.2 NAME	
STREET ADDRESS	1929 ALLEN PKWY, 9TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	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, with all other like empowered.

SIGNATURE: *[Signature]* JOHN H. LOHMAN, JR. 713/522-5141

CR2E034 (1/198)