

**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

**FILED**  
Mar 06 1996 8:00 am  
Secretary of State

DOCUMENT # **L07955 (2)**

1. Corporation Name  
**GIBRALTAR MAUSOLEUM OF FLORIDA, INC.**



Principal Place of Business: 2323 W BRANDON BLVD. BRANDON FL 33511 US  
Mailing Address: C/O GIBRALTAR MAUSOLEUM CORPORATION 9102 N MERIDIAN ST. SUITE 300 INDIANAPOLIS IN 46260

3. Date Incorporated or Qualified: 08/08/1989  
3a. Date of Last Report: 03/17/1995  
4. FEI Number: 59-1276229  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26 1929 ALLEN PARKWAY  
Suite, Apt. #, etc.: 27 9TH FLOOR DEPT 2934  
City & State: 28 HOUSTON TEXAS  
Zip: 29 77019 Country: 30 USA

9. Name and Address of Current Registered Agent  
**DANIELS, KEVIN**  
2323 W BRANDON BLVD  
BRANDON FL 33511

10. Name and Address of New Registered Agent  
81 Name: **THE PRENTICE HALL CORPORATION SYSTEM**  
82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAYS STREET SUITE 105**  
83  
84 City: **TALLAHASSEE** FL 85 Zip Code: **32301**

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 I accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE: *Debra L. Vincent*  
Debra L. Vincent  
Assistant Secretary  
Date: 2/14/96

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: BRAMMER, TIMOTHY F.	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 9102 N. MERIDIAN ST #300	CITY-STATE-ZIP: INDIANAPOLIS IN	
TITLE: VD	NAME: BRAMMER, JAY A.	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 9102 N. MERIDIAN ST #300	CITY-STATE-ZIP: INDIANAPOLIS IN	
TITLE: STD	NAME: SHOGER, NEAL G.	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 9102 N. MERIDIAN ST #300	CITY-STATE-ZIP: INDIANAPOLIS IN	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P/D	1.2 NAME: J. DANIEL GARRISON	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
1.3 STREET ADDRESS: 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	1.4 CITY-STATE-ZIP: HOUSTON, TEXAS 77019	
2.1 TITLE: V	2.2 NAME: FRANK BANGO	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
2.3 STREET ADDRESS: 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	2.4 CITY-STATE-ZIP: HOUSTON, TEXAS 77019	
3.1 TITLE: V/D	3.2 NAME: EARNEST E. POYNTER	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
3.3 STREET ADDRESS: 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	3.4 CITY-STATE-ZIP: HOUSTON, TEXAS 77019	
4.1 TITLE: S/T/D	4.2 NAME: JOAN B. GOFF	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
4.3 STREET ADDRESS: 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	4.4 CITY-STATE-ZIP: HOUSTON, TEXAS 77019	
5.1 TITLE:	5.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.3 STREET ADDRESS:	5.4 CITY-STATE-ZIP:	
6.1 TITLE:	6.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.3 STREET ADDRESS:	6.4 CITY-STATE-ZIP:	

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 attached sheet with an address.

SIGNATURE: *Joan B. Goff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOAN B. GOFF** Date: 2/16/96 Daytime Phone #: (713) 525-5571

CR2E034 (12/95)